S-A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08600

#### CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Ceunty Ceunty	(For newborn infants give residence of mother)
Cily er town	State County County
How long in above place of death?	City or iown Attile Orleans
Hospital, Institution, or street eddress where death eccurred;	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME ( Infant) app	el Lexaeth Paul 3. (b) Social Security Number
4. Sex 5. Color of yace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m white Sugale	
11 10100 10009	20. DATE OF DEATH at 14 1947 218,40 P. M
6.(b) Name of husband er wife	21. I CERTIFY that death occurred on the dale above staled; that I attended deceased from
	Child 14 19.47, 10 Child 14 19.4.
T. Birth date of S.(c) If alive, give age years	and that I last saw h MM alive on Queg 14 19.4.7
deceased (me., day, yr.) august 14, 1947	Immediate cause of, death DURATION
8. AGE: Years Months Days If less than one day	Right
hrs. 40 min.	The state of the s
Little Orleans (100 march m)	Rumalure Miles
9. Birthplace (Town, county, and atate)	Due to.
fD. Usual occupation.	
TU. USU21 OCCUPATION	Due fo
11. Industry or business	
# 12. Name / MASSA Company	Dther conditions
13. Birthplace alligance of Ms.	
14 Maidan nama Willia & Console	(include pregnancy within 8 months of desth)
14. Maiden name full a & Congle 15. Sirthplace Oismbelland Md.	Major findings of aperatious
15. Birthplace / Churchelland, Md.	Dale of ep.
16. Informani Mason a: appel	Autopsy results.
Dues of the mal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mittle Williams, MA.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation or removal. Which;)  (Burial, cremation or removal. Which;)  (month) (day) (year)	Accident, suicide, er hemicide
7m & 10. T	
Cemetery or crematory.	Where did injury occur?
Lecalien ville Orleans, ma	Injured af home, farm, Industry, public place (where?)
En . 1 701 - 7'	Means of injury Injured at work?
fB. Funeral director Quitant Marien	0 0
Address hetele Orlians, Mil.	V. a Malaga
8/15/12 m Past 10+	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address title Orleans My Date signed 8/14/47
Tregisting	AUUTOSSA

AUG 22 1947 BURKAU F S

#### MARYLAND STATE DEPARTMENT OF HEALTH

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_	Dist	N.	4

	2411 N. Chartea St., Baltimore	930
	CERTIFICATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: Ollegany	2. USUAL RESIDENCE	(HOME) OF DECEASED:
-to-tt/100 /	State Museus	d county allegany
Cily or town	nd give nearest town)	thurs-
How long in above place of death?	(if outside o	city or town lights, write RURAL and givo nearest town)
Hospital, institution, or street afterss where death occurred	Street No. 48 de	reles
46 Lindle St.	9 (0) 14	(If rural, give LOCATION)
How long in hospital or institution?	Z,(d) It veteran, name war	
3. (a) FULL NAME	Beach	3. (b) Social Security Number
4. Sex 5. Color or race 6.4) Single, malried,	widowed or divorced M	EDICAL CERTIFICATION
Fendle White mark	2D, DAYE DF DEATH	8/14 1947 318-30 A
6.(b) Name of husband or wife 2 Am 2. 130	21. I CERTIFY that death occur	rred on the date above stated; that I attended deceased from
s (c) It alive	give age years 8/12	19.4.7., 10
7. Birth date of 0 19 1	962. and that t last saw h.e	- (3)11(3)
deceased (mo., day, yr.)  8. AGE: Years Moghs Days It less	s than one day	
01/2 21/	arterio 9.	- In Suc
a Distributors I . I I II Am VI IV VI	Us Due to Genera	lied arteris, levosis ?
(Town, county, and state)	0	
10. Usual occupation	Due to	
11. Industry or business		
12. Name Desid Suffeth	Other conditions	
13. Birthplace Walley	(Labelane	egnuncy within 3 months of death)
14. Maiden name many yates		
E 15. Birthplace wakes		Date of op.
ma although Man		
16. Informant		ne the cause to which death should be charged statistically.
Address Shoothered	15 19110 22. VIOLENCE: If death was	due to external causes, till in the tollowing;
(Rurial, cremation, or removal, Which?)	(mg(th) (day) (year) Accident, suicide, or homicide.	Date of
Cemetery or wematury allegacy	Where did Injury occur?	(City or town) (County) (State)
To other Im		ry, public place (where?)
Location	Means of Injury	Injured at work?
1B. Funeral director		
Address Itosthurg Mo	23. SIGNATURE.	uk T. Harrat his)
10 8-15- 1047 Min. X	auly N. Tao Cost	(+ ) T/ (1) M. D. or other
(Date rec'd by registrar)	Registrar ( Address) 7 2. Man	1. Nozisuz W Date signed 0/14/7

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CERTIFICA	TE OF DEATH Reg. Dist. No.
I. PLACE OF DEATH:    County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Ear newborn infants give residence of mother)  State  City or town  (If contained off or town limits, write RURAL and give nearest down)  Street No  (If rural, give LOCATION)  2.(a) It veteran, name war.
Martha & Mets Braa	dley  3.(b) Social Security Number
Female Shite Single married, wylowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 6 2 1 4 7 4 4 21
6.(b) Namo of hueband or wife John Bradley	21. I CERTIFY that death occurred on the date above etated; that I ettended deceased from
7. Birth date of deceased (mo., day, yr.) July 31, 1859	and that I last eaw h 4. X. alive on 8 17 14 7
8. AGE: Years Months Days It less than one day	Immediate cause of death OURAT
9. Birthpiace Pelsing, allendary Con, John	Oue to arterioscherung
10. Usual occupation. Anssirvank.  11. Industry or business Ower Game	Due to
12. Name At Lety 13. Birthplace Curknown	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
16. Interment Jaseph Bradley	Autopsy results.
Address Line aconina Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. But all Querial cremation, or removal, Which?) Oate thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, eulcide, or homicide
(Burlal, cremation, or removal. Which?)  Cemotery or crematory. Oak Hill Cemetery	Where did injury occur? (City or town) (County) (State)
Location Linaryning and	Injured at home, tarm, industry, public place (where?)
18. Funeral director M. Eichtforn	Moane of Injury Injured at work?
Address Lonaconing, md	22 SIGNATURE Paul Eugene Drug
19 8- 24 Janutten 9 out (Date rec'd by registrar)  19 47 Janutten 9 out	M. Of or other

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Diat.	No.	

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  State
3.(a) FULL NAME Terry Wayne Britt	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced   5: 73   6	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. 10. 10. 11. 11. 11. 11. 11. 11. 11
9. Birthplace Cumberland Allegany, Md.  10. Usual occupation In Fant  11. Industry or business  12. Name Otis W. Britt  13. Birthplace Grantsville, Ind.	Due to
13. Birthplace Grantsville, Md.  14. Maiden name Fawn B, Sturtz  15. Birthplace Frost burg, Md.  16. Informant Otis W. Britt	(Include pregnancy within 3 months of death)  Major findings of operations
Address 108 Harrison St., Cumberland, Md  17. Burial, eremation, or removal. Which?)  Cemetery or crematory Zian Memorial Park	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Cross Ser Jon d. 17 d.  18. Funeral director Shu J. Hole  Address Cross College Land  19. Courte R. Frants.  (Date rec'd'by registrar)  Registrar	Injured at home, farm, industry, public place (where?)  Means of Injury  1. Signature  M. D. or other  Address // 2 Bed/add.  Date signed / 2 Cluy (



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CEDTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME Jeanstle Brode	3. (b) Social Security Number
4. Sex 5/80ior or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20, DATE OF DEATH CLUG 30 19.47, 21 630 A
6.(b) Name of husband or wife. Andrew 3.6.(c) If alive, give age years 7. Birth date of 7.7.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.46 10 (10.430) 19.45
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION  PLYNICIBUDE  Due to
1D. Usual occupation	Due to Due to
12. Name	Other conditions (Include pregnancy within 3 months of death)  Major fieldings of operations.
16. Informant Was Walter Squee Address	Actorsy resolts
17. Burial, cremation, or removal. Which Date thereof Month (day) (year)  Cemetery or manalogy.	22. VfOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location The Location That I B. Funeral director Location That I B	Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?
19. 2 19.47 Mus Lauley N. Registrar	23. SIGNATURE M. D. or getyle  Address Last bug Md Date signet pt 2/947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## CERTIFICATE OF DEATH

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er.	Dist.	No.	*******	4	

How long in above place Hospital, institution, o	MBERLAND outside city or town lim of death? street address where di AL HOSPIT r institution?	nits, write RURAL and give nearest town)  and the second s	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  State
J. (a) 1032 1		RLES J. BRUCE	none
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE	WHITE	Widowed	2D. DATE OF DEATH AUGUST 9. 19 47 7:40 P.
	OCHORI	WOLFF	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 to 19  and that I last saw has a saw to 19  Immediate cause of death DURATION
8. AGE: Yea 68	s Months	Days If less than one day  One of the second	Loveron 5
10. Usual occupation.  11. Industry or busine.  12. NameW.  13. Birthplace	SUPT. OF	OMAS BRUCE  NOVA SOUTIA  ICE STRATEN Stratton	Other conditions
14. Malden name	SCOTLAN		Major findings of operations.  Date of op. 2
	MEMORIAL	HOSPITAL D, MARYLAND	Autopsy results
	n, or removel. Which?)		Accident, eulcide, or homicide
		ich Cem nel Valley Pa	Where did injury occur?
18. Funeral director.	LOUIS S UMBERL 11, 1947	AND Md.	23. SIGNATURE.  Means of Injury  Anjured at work?  M. D. or other



(Date ree'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## 06607

#### CERTIFIC

Reg. Dist. No.
IE) OF DECEASED:
county Allegany
nd on limits, write RURAL and give nearest town)
St. nl, give LOCATION)
3. (b) Social Security Number
214-05-8229
L CERTIFICATION
29 19. 47, at 4. 30E
date above slated; that I allended deceased from
19
Aug. 29 19 40
OHDATION
oug of the right.
oous of the right about trophy hours de left coronary
1.1/5.
Trophy nours
le rere coronary
, , , , , , , , , , , , , , , , , , , ,
ithin 3 months of death)
Oate of op
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se to which death should he charged statistically.
ernal causes, fill in the tollowing;
Date of
Annal (County) (Chata)
town) (County) (State)
town) (County) (State) place (where?)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06608

/			CERTIFICAT	TE OF DEATH Reg. Diat. No	7
City or town	Cumbo outside city or town to of death?	erland limits, write R 37 Yea: death occurred	:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate	rest town)
3. (a) FULL NAM				3. (b) Social Security	Number
2. (0) 2000 1000		C11 G G 1	n Carder		(tamber
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White		Married	20. DATE OF DEATH August 17 19.47	, 21 6 40 Ar
6.(b) Name of husban 7. Birth date of deceased (mo., day	***************************************	£.(a			
8. AGE: Yea	rs Months	Days	Il less than one day	Immediate cause of death	6 mm
10. Usual occupation	988	House		Due to.  Bue to.	6-91
12. Name	Alexai	ider Sai	nders	Other conditions	
		lesburg, Inn Hann	Pa.	(Include pregnancy within 3 months of death)  Major findings of operations.	
15. Birthplace	Sha	inks, W.	. Va.	Date of op.	
Address Rt  17. Bur (Burial, crematic	4, Oldtown	Rd, Cur	nberland, Md.  8/20/47  (month) (day) (year)	Autopsy results	
			Cemetery W. Va.	Where did Injury occur?	
Location				Means of injury tnjured at work?	
t8. Funeral director.			Cight	1 )	- 4
Address		erland,	1.1	3. SIGNATURE 200 A. D. C. M. D	or other
19. Datu rec'd by	/8 19 4 7	Wis	le X. Drawby	Address Surbushand Date signed	17.1947

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information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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information of death cless

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diat. No. .....

1. PLACE OF DEATH: How long in hospital or institution? 3. (a) FULL NAME 7. Birth date of deceased (mo., day, yr.) 8. AGE: (Town, county, and state) 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name

2. USUAL RESIDENCE (HOME) OF DECEASED; ewborn infant kive residence of mother) (if outside city or town limits, (If rural, give LOCATION) 3. (b) Social Security Number

MEDICAL CERTIFICATION

above stated: that I attended deceased from

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did Injury occur? ......

(City or town) (County) tnjured at home, farm, Industry, public place (where?) .....

Injured at work? Means of Injury

Address

(Date rec'd by registrar)

M. D. or other Date signed....

SEP 4 1947
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

2411 N. Ch	tarles St., Baltimore 92 G	
CERTIFICA	ATE OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH:  County  City or town  County of County o	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Eor newborn infants give residence of mother)	
Cily or town	State County County Cliffy or town (North of the city) or town limits, write RURAL and give nearest town)	
How long in above place of death?  Hospital, institution or street address where death accurred:  MEMORIAN SANTEAL	Street No. (If rural, give LOCATION)	
How long in hospital or institution?  3. (a) FULL NAME  As a martha & Miller Cort	2.(a) If veleran, name war	
3. (a) FULL NAME And martha & Miller Col	Onnam  3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Fernale White Stidowed	20. DATE OF DEATH. (10 4)	N
8.(b) Name of husband or wife august Colernan	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2
7. Birth date of deceased (mo., day, yr.) Jerly 10, 1869	and that I last saw had alive on	<u>}</u>
8. AGE: Years Months Days tyless than one day	Cerebal Ombolus ? 1 day	,
9. Dirihplace Barton allegany Con De	Ouo to.	
10. Usual occupation American Months of the Secretary of	927 2	
11. Industry or business Own Tropic	Other conditions Polyment Detroitie 3	
13. Birthplace maryland	(Include pregnancy within 8 months of death)	
E 14. Maiden name Jarde Starnick	Major findings of operations.	
2 15. Birthpiace Quela noun	Dale of op.	
16. Informant Dus add toolerran and	At Children results	
Address Lonaconing, Did  17 Binal Date thereof ang 25,/9	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or remotal which:)	Accident, suicide, or homicide	****
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)	1000
Location Thomas The	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	
18. Funeral director aconing, Md		

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NFADING INK. Supply every item of information carefully. The correct age nt. Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

19. (Date rec'd by registrat)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06611

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For emborn infants give residence of mother)  State.  County  City or town  (if outside city or own innits, write RURAL and give nearest town)  Street No.  (if rurai, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME Charles Henry	Rolgate 3. (b) Social Security Number 914-05-4928
4. Set. 5. Color or pace 6.(a) Single married, widowed, or divorced 6.(b) Name of husband or wife	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that I last saw h alive on S 18 4 7 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Due to.  Due to.
12. Name Ed & bolgate  13. Birthplace	Other conditions
15. Birthplace M. Va.  16. Informant Ins Burniel Bounder Colgate	Major fiedings of operations
Address  17	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director and Stimm and Address	Injured at home, farm, industry, public place (where?)  Means of Injury  Injured at work?
19. Aug 20, 19.47 Winter Frants M. Registrat	23. SIGNATURE THE STATE OF THE

the Making



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06612

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the state of th	F DECEASED:	
City or town		State Md . Could clity or town Rural . Mexico	100/ > 100/	
How long in above place of death?				
Hospital, institution, or street address where	on way to Memorial	Street No. Medd umbelland, Rural (If rural, give LOCATION)		
How long in hospital or institution?	Hospital	(If rural, give 2.(a) It veteran, name war	LOCATION)	
3.(a) FULL NAME			3. (b) Social Security Number	
Ralph Cecil C	ollins		220-10-2028	
4. Ses   5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male white	married	20. DATE OF DEATH	19. 4.7. at 1. 40P.1	
B.(b) Mame of husband or wifeElmi:	ra Long Collins	21. I CERTIFY that death occurred on the date abo		
7. Birth date of deceased (mo., day, yr.) Feb. 8-1	901		Aug. 29 18.47	
8. AGE: Years   Months	Days It less than one day	Immediate cause of death		
46 6	21hrsmin.	a depressed fractu	rhage due to about	
		MA right parietal		
	d Md.	B0640[] Stirp		
1D. Usual occupation Labor	cor			
11. Industry or business		Due to	***************************************	
S 12 Name George Col	lins Sr.	Diher conditions Fracture of		
13. Birthplace Chaneysv		clavicle		
Emmo Wa	ber of	(the lude pregnancy within 3 n	nonths of death)	
14. Maiden name. A. Dimites	353	Major findings of operations		
El 15. Birthplace Clear Sp.	ring Ma.		Date of op	
14. Maiden name A Emma We 15. Birthplace Clear Sp. 16. Informant Mr. George	W. Collins	Autopsy results		
Address R.D. Cumber	cland, Md.			
17 Burtel	Date thereof Sept 1 194	22. VIOLENCE: It death was due to esternal cau	nt Bate of82947	
17		Accident spices, or nomicide	nnelMineral W.Va.	
Cemetery or crematory M.t	erman Cem.			
tocation Cumberland, Md.			Injured at home, farm, Industry, public place (where?)	
18. Funeral director	s L. George	Means of injury Struck by Tr. Deputy Medical Exam	ain followed at work? Trespasse	
Address Cumberland, Md.		23. SIGNATURE H. V. Deming M		
		A	M. D. OLDINI	
(Date red d by registrar)	Hente Q. Oral B. Registras	Address Cumberland	Mad Date signed & 2.9 /4	

MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH:

County Allegany

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Examiner

#### CERTIFICATE OF DEATH

Reg. Dist. No .... 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother) County Allegany

#### Lonaconing Md. (If outside city or town limits, write RURAL and give nearest town) Lonaconing (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospilal, Institution, or street address where death occurred: Street No. 4 Dudley St. (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 216-07-2768 Charles Carlyle Connor 4. Sex | 5. Color of race | 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION male white 20. DATE OF DEATH AUG. 1 19 47 at 9. 15A M married 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wite Mary V. Elkins Connor 1906 Nov. 10. deceased (mo., day, yr.) If less than one day 8. AGE: Suffocation at once Due to Covered by a fall of coal. Lonaconing Md. (Town, county, and atate) Diher conditions Fractured 9 &10 rihs side of chest (Include pregnancy within 3 months of death) Major fiedings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide... accident..... Date of 8-1-47 Where did injury occur? Lonaconing Allegany Injured at home, farm, Industry, public place (where?) In ... Old ... Jackson of roof

TO



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06614

CERTIFIC	CATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH:  County	State
3.(a) FULL NAME Charles W. Cox	3. (b) Social Security Number
Charles W. Cox  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white widowed, or divorced  5.(b) Name of husband or wife. Tulique Long.	
7. Birth date of deceased (mo., day, yr.) NOV • 10 - 1881	yeers and Ihal I last saw h. imaliDead. Aug. 7. 19.4.7
8. AGE: Years Months Days If less than one dayhrs.	Coronary occlusion at
9. Birthplace Spring town, county, and atate)  10. Usual occupation Laborer  11. Industry or business City Street Dapt	Due to.
12. Name Thomas Cox 13. Birthplace W.Va.  14. Maiden name Rebecca Kaylor  15. Birthplace W.Va.	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant KIRK Beckwith	Date of op.
Address  UM berland.  17. (Burial, cremation, or remove Which?)  Cemetery or crematory.  Date thereof. (mogh) (day) (year)  The company of th	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Carterland  18. Funeral director domi Stern 9 ns  Address Cambridged.	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Injured at work?  Injured at work?
19 Address  19 Address  (Date red'd by registrar)	23 SIGNATURE H. V. Deming M. D. M. D. other M. D. activer M. ac

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE



DR. HODGES & DR. COOPER

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

		4
Dist.	No.	 

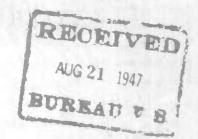
		CERTIFICA	Reg. Diat. No.	
1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
How long in above place Hospital, institution, or	(If outside city or town limits, write RURAL and give nearest town)  I long in above place of death?		City or rown (If outside city or town limits, write RURAL and give nearest town)  Street No. R. F. D. #I Homewood Addt.  (If rural, give LOCATION)	
		7	2.(a) If veteran, name war	
3. (a) FULL NAME	BEARL CROST	EN	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE	WHITE	MARRIED	20. DATE OF DEATH AUGUST 25, 1947 193; 35 A.M.	
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	TAN ¶	CRUSTEN	21.1 CERTIFY that death ordured on the date above stated; that I attended deceased from	
8. AGE: Years		Days if less than one day  16hrsmin.	Immediate cause of death DURATION	
9. Birthplace	HOUSE WIF	CLINE Grate) E	Due to Passive Corpston of lie	
12. Name	IIE, OII	VeV	Other conditions	
		RGINI A	(Include pregnancy within 3 months of death)	
14. Maiden name 15. Birthplace	WEST VIR		Major findings of operations	
16. Informant Hom	Cumber	land, Md	Actopsy results	
17. Buria Date thereof. August 28,1947.  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Rose Hill Competery.			Accident, suicide, or homicide	
Location Comberland, Md,  18. Funeral director Thus Followship Address Compensational Treed,		7. Hofe	Injured at home, larm, Industry, public place (where?)  Means of Injury  topius d at work?	
19. All 3 8 1947 Winter R. Frantz, M.D. (Date red d by registral)			23. SIGNATURE  Address  Address  Date signed.	

BINDING FOR RESERVED MARGIN

SEP 4 1947
BUREAU S.

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: on carefull clearly and How long in above place of death?..... Hospital Institution, or street address where Dath occurret How long in hospital or institution? 3. (a) FULL NAME Moure BINDING deceased (mo., day, yr.) K. Supply please wri 8. AGE: RESERVED mportant Address Where did injury occur? .....(City or town) SEWRITE Means of Injury

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 3. (b) Social Security Number 21. LCERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (County) Injured at home, farm, industry, public place (where?) ..... injured at work?



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06617

/		73	CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  State	
3. (a) FULL NAM		etta I	)awson		3. (b) Social Security Number None
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Female	White		Widow	20. DATE OF DEATH. August	30 1847 at One A
7. Birth date of			e) It alive, give ageyears	21. I CERTIFY that death occurred on the date abo	, to19
deceased (mo., day, 1		Days	If less than one day	Immediate cause of death.	L. MOLGER DURATION
81	1	1.8	hrsmin.		
10. Usual occupation  11. Industry or busines  H 12. Name  13. Birthplace  H 14. Maiden name  15. Birthplace	Willi Bedfo Mart Bedfo Miss Sara	House  am Whi  rd Val  ha Smi  rd Val  h Daws	lley, Pa. ith lley, Pa.	Oue to	Date of op
tiBurial (Burial, cremation Cemetery or cremat Location	or, or removal. Which?) ory	Date ther Crest	t Cemetery and, Md.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) (State)
19 CDate tec'd by re	3 19 4 7 egistfar)	. Qu	ites R. Trank M. Registral	Addres/12 Red/asd	Date signed 9/1/45)

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SEP 4 1947

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06618

CERTIFIC	CATE OF DEATH Reg. Diat. No		
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FULL NAME	3. (b) Social Security Number		
Ada Defibaugh	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female White Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH		
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that Takended deceased from  19. 17. to live 2  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
9. Birthplace Bedford Bedford Co. Penna (Town, county, and atate)	min.		
10. Usual occupation	Dua to.		
Jonathan Brighthill 13. Birthplace Bedford, Pa.	Other conditions		
14. Maiden name Wargaret McKinley  15. Birthplace Bedford, Pa.	Major findings of operations		
Jeremiah T. Defibaugh  Address 200 Glenn St, Cumberland, Md.  Burial Date thereof (Month) (day) (year (day	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due fo external causes, fill in the following:		
Cemetery or crematory Rose Hill Cemetery  Location Cumberland, Ed.	Injured at home, farm, industry, public place (where?)		
18. Funeral director William H. Kight  Address Cumberland, Md.  19. Accs. 24.1947 Whites R. Franks	Means of Injury  Injured at work?  Injured at work?  All D. or other		

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			4
Reg.	Diat.	No.	T

CERTIFICAL	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  Court Allegany Chy or lown Cumberland Addition (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  On the south side of Will's mountair Inthe Narrows about 7 months.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
William Christian Dia	None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH about Aug. 28 19 47 at ?
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
6.(0) Name of nusoand of wife	
7. Birth date of + 1	and that I last saw h im a Dead March 15 19 48
deceased (mo., day, yr.) Serreary 15, 1923	Immediate cause of death
8. AGE: Years Months Days ti less than one day	Starvation, shock & exposure severa
24 6 1%. hrs. min.	days
9. Birthplace Melyles dall lunsy warmer (Town, county, and state)	e brae, sacrum & right ischum
10. Usual occupation Shoe Store Mgr.	Due to a fall on rocks on Mt. side
	ather conditions paralysis of lower limbs.
E 12. Halle	
	(Include pregnancy within 3 months of death)
14. Maiden name Edna Baldwin 15. Birthniace Meversdale Pa	Major findings of aperations
\$ 15. Birthplace Meyersdale Pa.	Date of op.
16. Informant Konhaus Funeral None	Autopsy results
Address Meyers Sale Penna.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 . M . Ongan 4 17 1911 V	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)	Accident, saicine, or homicide. accident Date of 8-23-47
Cemetery or crematory Muyesadala Union Ceruelary	Where did this Cumberland Allegany Md. (State)
Made III he Resula.	South side of plant of the state of the stat
Location Location Location	Means of injury Fell on rocks injured at work? no
18. Funeral director	Deputy Medical Examiner - Allegany O
Address 230/Bilts are austricula	23. SIGNATURE H. V. Deming M.D. H. U. Deming M.
"March 16, 1948 W.K. Tranto M.D.	M. D. or other
(Date rec'd by registrar) Registrar	Address Cumberland Md. Date signed 3-15-48

WRITE

PLEASE

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MAR 23 1948

LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The connectage is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH 124)

2411 N. Charles St., Baltimore

06619

## CERTIFICATE OF DEATH

Reg. Diat. No ....

1. PLACE OF DEATH County.  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale MARYLAND County  CUMBERLAND  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. 208 THIRD STREET  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MRS. CLEMENTINE DIAGUSTINE	no
4. Sex   5. Color or race   6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	AUGUST 7,1947 2;20 A.M.
S.(b) Hame of husband or wife FRANK DiAgustine  S.(c) If alive, give ege years	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
7. Birth date of deceased (mo., day, yr.) FEB. I2 /89 44	and that I last saw flow alive on 19.4.
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
53 5 25min.	aux mysended Jarline 2 days
Birthplace (Town, county, and state)  10. Usual occupation HOUSE WIFE	Out to Caroling Making Strains
11. Industry or business AT HOME	
12. Name FNDICO Di Chicco	Other conditions Cura Annual A
14. Malden name ANTONE the Serrafine 15. Birthplace I TALY	(Include pregnancy within 3 months of death)  Major findings of operations.
18. Informant FRANK DI Agustine	Autopsy results
Address Cumberland Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory St. Many's Cema	Where did injury occur?
Localion Cumberland.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Louis Stein One	Means of Injury Injured at work?
Address Cumberland.	( ) and her
19. John S. 19 4 7 Westles R. Frank M. Registrar	Address of Personal Bate signed (4)



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N.	Charles St., Baltimore 940	
CERTIFI	CATE OF DEATH Reg. Dist. No	4
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	nearest town)
How long in hospital or institution?	2.(a) if veteran, name war Tot World It a	ce/
3. (a) FULL NAME  Arthur P. Dig.  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorted	3. (b) Social Securit	y Number
Inale White Inscried		7 30/
6.(b) Name of husband or wife. Ellen Waisy	21. I CERTIFY that death occurred on the date above stated; that I attended de	
7. Birth date of deceased (mo., day, yr.) June 30 1886	and that I last saw h	19
8. AGE: Years Months Days If less than one day  5hrs.	min. Corrony Hert Rivers	11200
(Town, county, and state)	Due to	
10. Usual occupation	Due to	
12. Name Charles Illifon Ond.	Dther conditions	
14. Maiden name Smary Smiller and.	(Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant mo frederick Steedings	Autopsy results.  PHYSICIAN: Please underline the caose to which death should be charge	ed statistically.
Address  17.   Charles   Date thereof   Charles   Charle	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cometery or crematory of the Location Communication and and	Where did Injury occur? (City or town) (County)  Injured at home, farm, Industry, public place (where?)	(State)
18. Funeral director A. A. A. A. Stein One.  Address Compensard.	Means of Injury Injured at work?  Injured at work?  And a signature with a line of the signature work?	226
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	M. I	), or other



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DR.W.F.WILLIAMS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

DURATION

### CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State MARYLAND County ALLEGANY
(If outside city or town limits, write RURAL and give nearest town)	CUMBERLAND
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, institution, or street address where death occurred:	Street No. 209 FAYETTE
MEMORIAL HOSPIBAL	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS.SALLY DOBBIE	MALL
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOWED	20. DATE OF DEATH AUGUST 7, 1947 5;55 A.M.
JAMES DOBBIE	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	May 27 19. 47 to August 7 19. 4
7. Birih date of	and that I last saw h. Or
deceased (mo., day, yr.) JULY 19 18 64	
8. AGE: Years   Months   Days   If less than one day	DURATIO
83 — 18 min.	
MD•	Con Contille Queen
9. Birthplace (Town, county, and state)	macous grown news
10. Usual occupation HOUSE WORK	to luquete Curde
11. Industry or business AT HOME	Due to
The state of the s	donoe
12. Name MARYLAND  13. Birthplace MARYLAND	Diher conditions
	(Include plegnancy within 3 months of death)
14. Maiden nameREBEGGA GRESAP  15. Sirthplace MARYLAND	Major/findings of aperations O Quality Cauld
15. Birthplace MARYLAND	Date of op.
18. Informant mas John & Sommerselle	Autopey results.
Address Comberland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
. Bress And 9 47	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrisi, cremation, or removal. Which?)  Daie thereof (month) (day) (year)	Accident, suicide, or homicide
Comelery or crematory. Proc Itale Cens	Where did Injury occur? (City or town) (County) (State)
Canan Analas d	tnjured at home, farm, todustry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director and dund and an analysis of the second analysis of the second and an analysis of the second and an analysis of the second analysis of the second and an analysis of t	0 11 1/ 7
Address Commberland	or SIGNATION LE A Hawkens
10 Aug 8. 10 47 White & Truth M.	M. D. or other
(Date rec'd by registrar)	Address

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consective is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE



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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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Reg. Diat. No...

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8	on carefull
	informatic of death
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RESER	IG INK.
MARGIN	UNFADIN
a	HILL
3	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
	- 52

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For payborn infarts give residence of mother)
County Little gazage	- last.
City or town	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address whole death occurred:	D/ 74: 75 F
muss Daysted	Street No. (1f rural, give LOCATION)
How long in hospital or institution? 14 has .	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wom. today	Dreex 213-05-7091
4. Sex 5. Color or race 6.(a) Single, married Aldowed, or divorced	MEDICAL CERTIFICATION
mile white manyed	20, DATE OF DEATH / Maust 19 19 47 at 83 A
7 0 7/	21. I CEMIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife. Many fame lumi	Carried HT Charles 19 47
8.(c) If allve, give age 53	rears 1 18 H7
7. Birth date of deceased (mo., day, yr.) Supply 14th 1889	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediato cause of death DURATION
57 11 5 mrs.	min. ( -1/ -18 N/10010) 1US)
8. Birthplace (Town, coppy, and state)	a, M Due to MANA WATER AND A
10. Usual occupation	Due to
11. Industry or business Certomotive	
H 12. Name LONG	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
El Dingland	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace Conglynd	Date of op.
16, Informant Daniel J. Dogit	Autopay results
Address 921 md. C. Cumbreland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal, White?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
7 H / W	Injured at home, farm, industry, public place (where?)
Location Location	Means of injury Injured at work?
1B. Funeral director Jacoph Danie	means of injury
Address The Hard	a Maria Thurs MA
Audiess The Mines	23. SIGNATURE M. D. or other
19.8-20 197 Mus Sauly N. M.	08 + sorthury Md. 8/19/4
(Date rec'd by registrar) Regis	strar   Address Date signed

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AUG 22 1947

Dr. Schieler 16623 MARYLAND STATE DEPARTMENT OF HEALTH Within perpensie limits 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. ..... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: How long in above place of death?.. clearly information of death cle How long in hospital or Institution?.. 3. (a) FULL NAME 3. (b) Social Security Number BINDING FOR T. Birth date of deceased (mo., day, yr.) Supply ease wri 8. AGE: RESERVED ADING INK. Physicians: pl WITH UNE important. (Include pregnancy within 3 months of death) PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide..... (month) (day) (year) cremation, or removal. Which? Where did Injury occur? .....(City or town) RITE Injured at home, farm, Industry, public place (where?) ..... Injured at work? Meens of Injury 18. Funeral director. A.T.M. Address (Date/rec'd by registrar)

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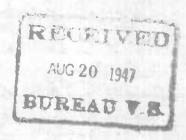
· And State of the state of the

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Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. ..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Allegany County... County Allegany umberland Md.
(If outside city or town limits, write RURAL and give nearest town) City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No. 905 Virginia Ave Memorial Hospital How long in hospital or Institution? 4 days 3. (a) FULL NAME 3. (b) Social Security Number 216-18-1146 John W. Foreman

| 5. Color or race | 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION BINDING male white single 20, DATE OF DEATH AUG. 10 18 4.7, at 6.05P.M 21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 6.(b) Name of husband or wite..... .6.(c) ft alive, give age ....... FOR and that I last saw h im aliv De ad Aug. 10 7. Rirth date of deceased (mo., day, yr.) March Immediate cause of death..... It less than one day 8. AGE: Uremia due to anuria due to RESERVED Bichloride of Mercury poisoning 9. Birthplace Cumberland Md (Town, county, and atate) 10. Usual occupation Celanese Corp. of Am. 11. Industry or business JOA 14 CL 12. Name.....A Other conditions Endocarditis 12 Name John W. Foreman Ulceration of the colon (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthpiace 14. Maiden name Anna May Donius Major findings of operations..... Autopay results Same as above 16. Interment PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was deto internal causes, fill in the following: Quant 10, 1947 Under investigation - Suicide or homicide) Address Cumberland, Alleg. Co., Md. (City or town) (County) (State) G 18. Funeral director Address





### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.

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### CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
County CUMBERLAND, MD.				State WEST VIRGINIA COUNTY MINERAL			
City or town(If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	City or town KEYSER			
Hew long in above place o				(If outside city or town limits,	, writs RURAL and give nears	st town) ·	
Hospital Institution or S	HOSPITAL"	geath occurred		Street No		***************************************	
How long to hospitat or i	nstitution?		•••••••••••••••••••••••••••••••••••	(If rural, give i	(If rural, give LOCATION)		
3. (a) FULL NAME					3. (b) Social Security No		
					3. (0) Social Security In	umber	
4. Sex	5. Color or race	6.(a)Single	, merried, widowed, or divorced	MEDICAL CE	RTIFICATION		
				AUGUST 16,19			
MALE	COLOREI	) SINC	TIE	ZU. DATE OF BEATH		M	
6.(b) Name of husband of	r wlfe			21. CERTIEN that death occurred on the date abov	ve stated; that I attended dece	ed trom	
800000000000000000000000000000000000000		6.(4	) It alive, give ageyear	1000	J11 10 0 1 Y	019	
7. Birth date of deceased (mo., day, yr.		12	770 /	and that Takt saw h	16-71	19.14	
8. AGE: Years	Months	Days	If less than one day	Introdiate cause of death	1000000111	DURATION	
77			hrsmin		20/00	• • • • • • • • • • • • • • • • • • • •	
	ST VIRGIN			Due to.		*************************	
9. Birthplace	(Town,	county, and s			U	1	
10. Usual occupation	RETIRED		***************************************	Due 10.	1	***************************************	
11. Industry or business		and the	W 1	.0	#-		
質 12. Name JAC	OB GAITER	ricari.		Dther condition with m	elasiales		
12. Name JAC 13. Birthplace	WEST VIRG.	INLA			3	1	
H 14. Malden name	ANN WARD		SUN	(Include pregnancy within 3 m	onths of death)	1100	
6	EST VIRGI			Major findings of operations.		CAG W	
So.	EST VIIIGI	1 -	1.1:1-1	0 m Al/10	Date of op.		
18. Informant	Dent Minister Debroke	7	1 m	PHYSICIAN: Please underline the cause to wh	ich death should be charged st	atistically.	
Address	umbar	lan	a ona.	22. VIOLENCE: It death was due to external caus	ses, fill in the tollowing;		
(Buriai, cremation, or removal, Which?)  Date thereof			(moulh) (day) (year)	Accident, suicide, or homicide	Date of	***************************************	
Cemetery or crematory Dream Cemetery			elling	Where did injury occur?	(County)	(Stata)	
Patrolina 12.1Ac			3.18c_	Injured at home, tarm, industry, public place (wh			
Location I by the first of the			1 0 00 0 af	Means of Injury	Anjurad at works	. ^	
18. Funeral director. W. Rauta I Leady Ch.			1 marca	100	NI PI	1.1	
Address	udm	tra	.W.Ya.	- 23. SIGNATURE OMAGO	OX Alva	Dr. MIN	
10 aus 1	8 19.47	Thenle	- Q Josh mrs	VA. VO. (/A	M D, or	other 7	
(Date rec'd by regi			Registra	r Address MAN	me la la la led	5 4-4	

ADING INK. Supply every item of information carefully. The & Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING PLAINLY, WITH UNF. is especially important.

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District Attended in the Carlo

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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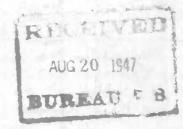
CERTIFICAT	E OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	Cumberland Md. State Md. County Allegany		
How long in above place of death?	city or town. Cumberland	gany St.	
How long in hospital or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME		3. (b) Social Security Number	
Herbert Gaither		705-10-6075	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male white widower	20. DATE OF DEATH. Aug. 13	18.47 at 9 P.M	
6, (b) Name of husband or wife Cally Toylor	21. I CERTIFY that death occurred on the date above		
		19	
7. Birth date of deceased (mo., day, yr.) Nov. 7 1871		Aug. 13 19.47	
8. AGE: Years   Months   Days   It less than one day	Chronic Myocarditi		
75 9 17hrsmin.	VIII. VIII. A.V A.V. V. V. V. S.A. V. A. V. A.V.	****	
9. Birthplace Denlington Munulum (Town, county, and state)	Due to	3.33.34.34	
10. Usual occupation retired		***************************************	
11. Industry or business Western M. Raubyga	Due to		
	Other conditions		
12. Name John Githe  13. Birthplace Boltings, Mb			
	(Include pregnancy within 8 me	onths of death)	
<u>.</u>	Major findings of operations		
15. Birthplace untroven		Date of op	
16, Informant William R. Gittle	Autopsy results		
Address 4205, allegong St. Cumbuland Mil	22. VIOLENCE: It death was due to external cause		
17. (Buriai, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Danlington Cemetery	Where did Injury occur?(City or town)	(County) (State)	
Location Dulington, Manyland	Injured at home, tarm, Industry, public place (whe		
0 . 40+	Means of Injury	Injured at work?	
1B. Funeral director	Deputy Medical Exam	iner - Allegany Co.	
Address Cumbuland, WM	23. SIGNATURE H. V. Deming M	D. H. V. Sining MD	
19 Aug. 16 19 47 Writer & Frantz. M.	Address Cumbrilland	M. D. or othe	

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		CERTIFICA	IE OF DEATH	Reg. Dist. No.	
City or town	e of death? r street address where de 0 1 Cumb or Institution?	berland Kurul its. write RURAL and give nearest town) of source: erland, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Allegany  City of town. R. D. L. Cumberland  (If outside city or town limits, write RUEAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) It veteran, name war.  3. (b) Social Security Number		
	MABE	L B. GASHAW		lone	
Female	5. Coior or race White	6.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIF		
7.98irth date of deceased (mo., day, 18. AGE: Year	yr.) May 20	Days   If less than one day  min.	21. I CERTIFY that death occurred of the date above stated:  and that I last law have allive on Immediate course of death	to 1 aftended deceased from	
to. Usual occupation.	Theoth L. E. Sha	nship, Penna.  erapist  ulis,  nsylvania	Due to		
14. Maiden name	Annie	Griffith, sylvania	(Include pregnancy within 3 months of		
Address 17 Buri	R. D.	ashaw,  1, Cumberland, Md.  Date thereof Aug. 28 147 (month) (day) (year)  t Memorial Park	Antopsy results  PHYSICIAN: Please underline the cause to which deatl  22. VIOLENCE: If death was due to external causes, till is Accident, suicide, or homicide	h should be charged statistically. In the following: Date of	
18. Funeral director	J. R. costburg,	Durst,	Injured at home, farm, Industry, public place (where?) Means of Injury	Injured at work?	
n	27 19 47	110t t m)	23. SIGNATURE	M. Doubther Date signed Lag 2	

SEP 4 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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enty Medical Examiner -

06629

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### CERTIFICATE OF DEATH

Reg. Diat. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Allegany City or town Cumberland Md.	State Pa. County Bedford		
(If outside city of town limits, write KUKAL and give nearest town)			
How long in above place of death? 15 Days	City or town (rural) R. F. D. #3 Bedford Valley (if outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Bedford Pa.		
Allegany Hospital Cumberland Md.	(If rural, give LOCATION)		
How long In hospital or institution? 15 days	2.(a) If reteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Espy W. Growden  4. Sex   5. Color or race   8.(a) Single, married, wildowed, or divorced	None		
4. Sex   5. Color or race   8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
male White Widowed	20. DATE OF DEATH		
5.(b) Name of husband or wife Lillie Growden	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h. im. aliveDead Aug. 31 10 47		
deceased (mo., day, yr.) Feb. 16- 1877  8 AGE: Years   Months   Days   If less than one day	Immediate cause of death		
C ALC	Intracranial hemorrhage 15		
	days		
8. Birthplace Bedford Valley, Bedford Co, Penna (Town, county, and state)	Due to Fracture of the skull		
10. Usual occupation Farmer			
40	Due to Automobile accident 8-16-4		
11. Industry or business	fractions of last boundary		
E 12. Name James Growden 13. Birthplace Bedfrod Valley, Pa.	Diner conditions fracture of left humerous		
E 13. Birthplace Bedfrod Valley, Pa.	laceration, rightear contusion right (Inthesperatual amounts of death)		
# 14. Malden nameCatherine Henderickson	Major fiadings of operations.		
2 15. Birthplace Flintstone, Md.	major nagings of operations.  Date of op.		
14. Malden nameCatherine Henderickson  15. Birthplace Flintstone, Md.  16. Informant Mrs. Ralph Oster	Autopsy results & S. & BOVE		
Address R. F. D. # 3 Bedford, Pa.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Date thereof 9/3/47 (Burial, cremation, or removal, Whiteh) (month) (day) (year)	Accident, suicide, or homicide. Auto. Ecciden toate of 8-16-47		
Cometery or crematory Fellowship Cemetery	Where did injury occur? Climberland Allagany (County) (County)		
Location Centerville, Pa.	(City or town) (County) (State)		
Location Centerville, 18.	lajured at home, farm, industry, public place (where?) Bedford St.  Growden car ran into another authorized at work?		
18. Funeral director	wester at inhaff of T TITE TOTAL 2 POT Hibitag at waint		
Address Cumberland, Md.	H W Doming W D A/V		
Sohl 3 11 11 - 1 for to Man	23. SIGNATURE H. V. Deming M. D. H. Domes Land		
18. Sept. 3. 1947 Winter K. Granty M. Registrar	Address Cambrilland, Md. Bate signed \$ 35/4		

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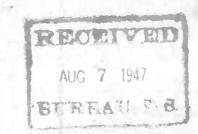
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County Legensal	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)
City or town	State County County
How long in above place of death?	(If overside city or town limits, write RURAL a Dave generate form)
muss Waysetal	Sireet No. Of the Control of the Con
How long in hospital or institution?	2.(a) If veteran, name war.
Charles Edward	Darden In 2/3-03-0342
4. Sex 5. Color or race 6.(a) Single, married, widowed, os divorced	MEDICAL CERTIFICATION
mole white married	2D. DATE OF DEATH Cugust 3 1947 31 2:15
6.(b) Name of husband or wife Lyatel Lisability	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from  19. 47 10 Quart 3 19. 47
7. Birth date of deceased (mo., day, yr.) Lyon, 1574, 1875	and that I last each / M. alire on and unit 03 1947
8. AGE: Years   Months   Days   It less than one day	Impediate cause of death DURATION 6 Moss.
7/ 10 28hrsmin	
9. Birthpiace (Towngounty, and atate)	Due to.
10. Usual occupation Coal Spela of Peters	Bue to Chrone Suplister.
11. Industry or business	
12. Name 12.	Dther conditions
~	(Include pregnancy within 8 months of death)
14. Malden name books and the second of the	Major findings of operations.  Date of up.
16. Informant. Chier Cof Da Pales.	Autopsy results
Address Inadland In	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or rymoval. White 2) Bate thereof (month) (day) fyear)	Accident, suicide, or homicide
Cemetery or crematory golden Genetary	Where did injury occur? (City or twon) (County) (State)
Location to Askast 23 2 1	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Mesns of Injury Injured a1 work?
Address Thorsthand	23. SIGNATURE A.C. Wield M.D.
19.8-5- (Date rec'd by registrar) 1947 Mys, Hauley & Registrar	Address Frostlying Inf. Bate signed 5/47

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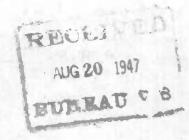
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06631

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/	CERTIFICAT	E OF DEATH	Reg. Dist. No	4
1. PLACE OF DEATH:  County Allegany  City or town 453 Bond St. Cumberls  (If outside city or town limits, write RURALs  How long in above place of death? About 1988  Hospital, institution, or street address where death occurred:  453 Bond 54  How long in hospital or institution?	and Md. and give nearest town) r zzyeors	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	mother) uslyAllegany s, write RURAL and give nea	
3. (a) FULL NAME		Z.(w/ f) vectori. Harrie wal	2 /1 6 -: 16 -:-	M
			3. (b) Social Security	
Charles A. Hess 4. Sex   5. Color or race   6.(a) Single, married	d, widowed, or divorced	MEDICAL	712-14- 16 ERTIFICATION	04
male white widows		20. DATE OF DEATH Aug. 1.3	194.7	, at . 9 . A.
6.(b) Name of husband or wife. Rose LaWills H	/	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	, give ageyears	and that I last saw h im aliv Dead	Aug. 13	194.
deceased (mo., day, yr.) Feb. 12-1869		Immediate cause of death		
O. AGE.	ss than one dayhrs	Conorary occlusion	n	at once
9. Birlhplace Lyashington, County, and state)		Due to		
10. Usual occupation retired Lines		Due to	••••••••••••••	***************************************
11. Industry or business C+P TR.R.		77	A 4.9	
12. Name		Other conditions Bronchial	Astnma	• • • • • • • • • • • • • • • • • • • •
		(Include pregnancy within 3 i	months of death)	
14. Maiden name	A	Major findings of operations		*******************
E 15. Birthplace			Date of op	
16. Informani Powell T. Hess (soi		Antopsy results		atatisticslly.
		22. VIOLENCE: If death was due to external cau	uses, fill in the following:	
17. Buria Date thereof. Au	Noonth) (day) (year)	Accident, suicide, or homicide	Oate of	
Cemetery or crematory Hill crest Came		Where did injury occur?		
Location Cumberland, Md		Injured at home, farm, Industry, public place (where?)		
18. Funeral director John J. Hope	•	Means of Injury tnjured at work?		
Address Centuland 2	ud.	Deputy Medical Example		
19 (Date rec's by registrar)	antz, M.S. Registrar	23. SIGNATURE H. V. Deming I	M 13	2/3/



(State)

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information carefus of death clearly

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Physicians:

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16. Funeral director

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No .... 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)

How long in hospital or institution?.... 3. (a) FULL NAME

How long in above place of death?...

Rospital, Institution, or street address where death occurred:

1. PLACE OF DEATH:

(If outside city or town limits, write RURAL and give nearest town)

.6.(c) 11 elive, give age ... 7. Birth date of deceased (mo., day, yr.) 8. AGE: Days If less than one day

(Town, county and

10. Usual occupation ... 11. Industry or business

Address

(month) (day) (year)

3. (b) Social Security Number

MEDICAL CERTIFICATION

Major findings of operations.

(Include pregnancy within 3 months of death)

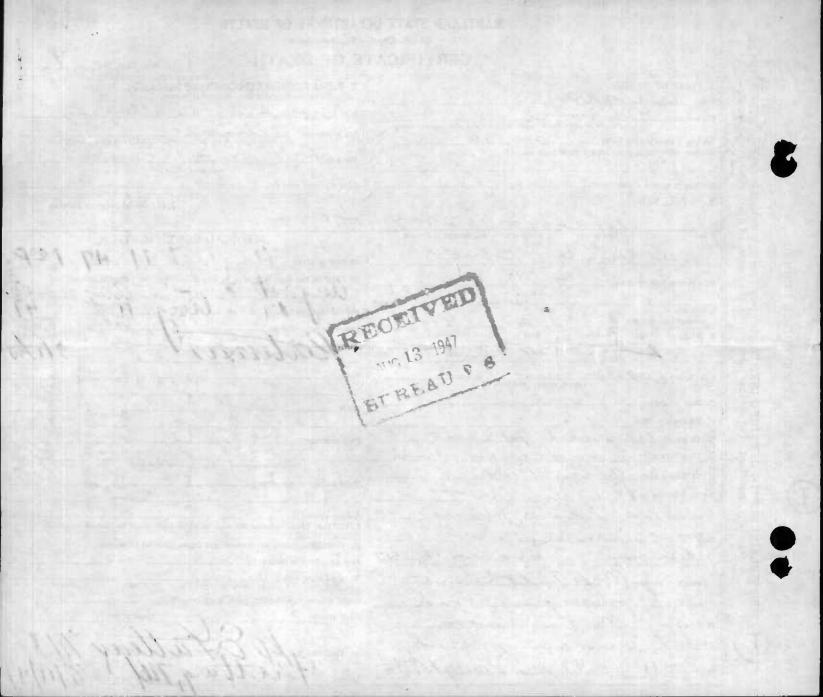
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE; 11 death was due to external causes, 1111 in the following; Accident, suicide, or homicide.....

Where did injury occur? ...... (City or town) (County) Injured at home, farm, Industry, public place (where?) .....

Means of Injury

23. SIGNATURE



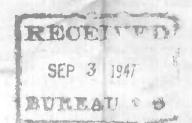
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06633

			CERTIFICAT	TE OF DEATH Reg. Diat. No.	***************************************	
I. PLACE OF DEATH:  county Allegany  city or town Route 36 near Pekin Md.  About Til deyres citypic edge unitaryeis sured and from the county ne				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
How long in above place Hospital, Institution, or	of death?		Md.	City or town. Franklin (If outside city or town limits, write RURAL and give nea		
How long in hospital or	institution?			Street No		
3. (a) FULL NAME				3. (b) Social Security	Number	
	Russell Ke	enney	. married, widowed, or divorced	216-22-6209	)	
4. Sex	5. Color or race			MEDICAL CERTIFICATION	TO DOMESTIC	
male	white	8	ingle	20. DATE DF DEATH Aug. 27 19 4.7		
8.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deces	19	
7. Birth date of deceased (mo., day, yr	Feb. 2	192	) If alive, give ageyears	and that I last saw h im an Dead Aug 28	19.47	
8. AGE: Years	Months	Days 25	If less than one dayhrs, min.	Intracranial hemorrhage	at once	
9. Birthplace Wranklin-Allegany-Westerngurt. (Town, county, and state)  10. Usual occupation. U.S.S.				right frontal bone		
11. Industry or business		***************************************		Due to	***************************************	
		Cenny		Diter conditionabrasions of both ankles		
	Elk-Garde	en, W	.Va.	Knees & both forearms. (Include pregnancy within 3 months of death)		
14. Maiden name 15. 8irthplace	Marie Hud Western	************	Md.	(Include pregnancy within 3 months of death)  Major findings of operations		
≥ 1 15. Birthplace	ernard Ke		3000	Oate of op.		
16, Intermant	Westernpo			Autopsy results PHYSICIAN: Please underline the cause to which death should he charged	statistically.	
Burial   Date thereof Aug. 30.47   (Burial, cremation, or removal, Which?)   St. Peters, Cem.   Cemetery or crematory   Westernport, Md.				where did injury occur near Pekin, Allegany, about 1.1/2 mirregn west corty Lona ligited at home, farm, industry, public place (where?)	coningMd	
18. Funeral director Ellsworth S. Boal				Means of injury Motorcycle, skiddended at work? no Deputy Medical Examiner - Allegany Og		
Address Westernport, Md.				23. SIGNATURH. V. Deming M.D. H. U. D.		
19. 8-30 19.47 Junetle Moal Registrar				Address Cumbral Date signed.	8/28/47	



DR. JACO SON

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

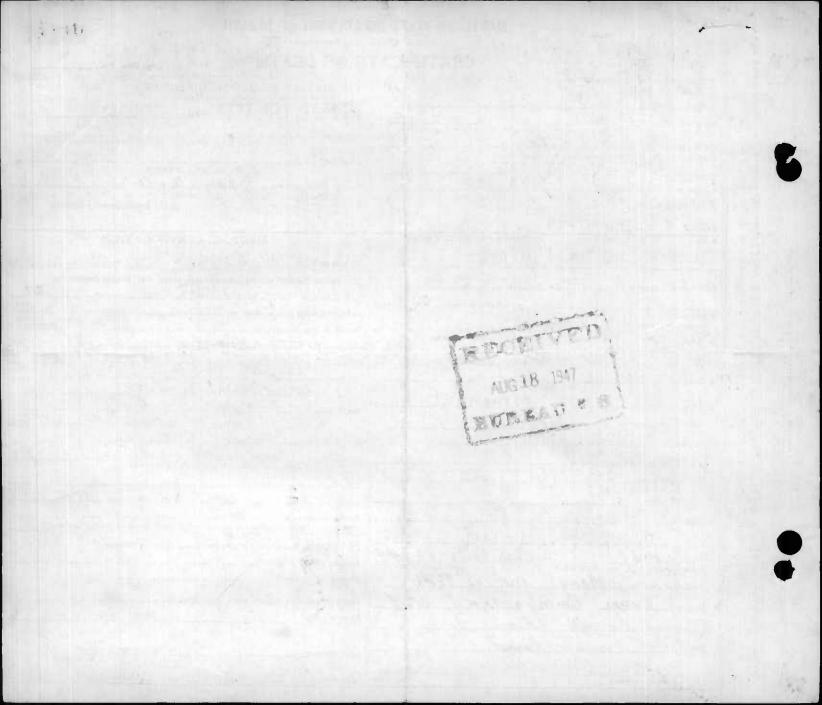
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### CERTIFICATE OF DEATH

/			CLRITICAL	Reg. Dist. No.
How long in above place Hospital, institution, or MEM  How long in hospital or	GANY ERLAND utside city or town live of death? street address where ORIAL HC	death ocomred:	JRAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  WEST VIRGINIA  County MORGAN  City or town PAW PAW  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rpral, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME MR. CHES				3. (b) Social Security Number
4. Ses MALE	5. Color or race WHITE		, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. AUGUST 10. 19.47
				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.7  and that I last saw h
8. AGE: Years	Months	Days	If less than one dayhrsmin.	Myseurhal Tailine 10 days
9. Birthplace MARYLAND  10. Usual occupation RETIRED Merchant  11. Industry or business  12. Name DAVID, KIFER  13. Birthplace MARYLAND  14. Maiden name AMANDA ASHKETTIE  MARYLAND  15. Birthplace				Die to Die Berie B
Address CU  17. Buria (Burial, cremation,	MORIAL H MBERLANI  or removal. Which?  or St. Mary	MAR Oate fhere	YI AND of (mopph) (day) (year)	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
0	Lomis Combo	Ster	land Md	Injured at home, farm, industry, public place (where?)  Meana of injury injured at work?  233. SIGNATURE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consession is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg Dist No	W/ (

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  Stale Penna. Couoty Bedford  City or town Rural, Bedford (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME  Solve Control ( ) DADY BOY KOONTZ	3. (b) Social Security Number
4. Sex 5. Color race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE OF DEATH. 23. 19.47.21.
6.(6) Name of husband or wife	21. I CERTIFY that death accurred on the date above stated; that I attended decaysed from  19
deceased (mo., day, yr.)   Aug. 23, 1947	Immediate vause of death DURATION
9. Birthplace Frostburg, Allegany, Maryland (Town, county, and state)  10. Usual occupation None  11. Industry or business  12. Name Unknown  13. Birthplace  14. Maiden name Eleanor Koontz  15. Birthplace Bedford, Pa.	Due to
16. Informant Mrs. Palmer Pittman  Address Bedford, Pa.  17. Burial Date thereof Aug. 26, 1947  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Actopsy resolts
Cemetery or crematory Rose Hill Cemetery  Location Cumberland, Md.  18. Funeral director William H. Kight  Address Cumberland, Maryland  19. Aug. 25, 19 47 Mus. Lawy X Rose	Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured all work?  23. SIGNATURE M. D. or other of Address M. D. or other of Address M. Date signed C.

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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\* Domestic

Own Home

Susan Dawson

Dawson, Maryland

Address 221 Maryland Ave, Westernport, Md

Westernport, Maryland

Ellsworth S. Boal

Charles W. Sultzer

John W. Lantz

Cemetery or crematory Philos Cemetery

John W. Lantz

August 27, 1886

Westernport, Allegany, Maryland (Town, county, and atate)

Middletown, Maryland

If iess than one day

24 ..... hrs. .... min.

Dr. J. H. Wm

Reg. Dist. No.

State Marykand County Allegar	************************
City or town	
Street No. 221 Maryland Ave.	rest town)
Street No. (If rural, give LOCATION)	
2.(a) It veteran, name war	
3. (b) Social Security 1	Vumber
MEDICAL CERTIFICATION	
20. DATE OF DEATH. August 21 19 47	6.45
21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from
June io 1947 to Aug 2	<u>l</u> 19
and that I last saw h. er alive on Aug 21	194
Immediate cause of death	DURATION
Myocardial Degeneration,	3mo
Due to Rndo Carditis.,	
Due to Rheumatic fever	6 .
Other conditions Toxic Goiter.	2yrs
(Include pregnancy within 3 months of death)	
Major findings of operations	
Aotopsy results	
22. VIOLENCE: It death was due to external causes, fill In the toliowing:	
Accident, suicide, or homicide	
Where did injury occur?	104-4-3

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PLAINLY, is especially

deceased (mo., day, yr.)

10. Usual occupation.....

14. Maiden name...... 15. Birthpiace

Burialn

(Burlal, cremation, or removal, Which?)

11. Industry or bueinese

8. AGE:

West ernport, Maryland

Date thereof August24, 1947

3. SIGNATURE.

Means of Injury

Injured at home, farm, industry, public place (where?)

Injured at work?



T. Birth date of deceased (mo., day, yr.)

13. Birthplace

14. Maiden name

Burial

Months

54

### MARYLAND STATE DEPARTMENT OF HEALTH

County Pilega

Reg. Dist. No.

town limits, write AURAL and give nearest town)

3. (b) Social Security Number

-	80	1
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1	90	
-	&	$ \angle  $

information of death cle every if Supply e 8. AGE: pl import PLAI RITE

BINDING

FOR

RESERVED

MARGIN

,		SE OF DEATH	
	CERTIFICAT	E OF DEATH	Reg. Di
ty or town (If outside city or town limits, write working in above place of death? 23 spital, Institution, or street address where death occurrence of the outside city or town limits, write working in hospital or institution?	te RURAL and give nearest town)  V. C. S. T. S.	2. USUAL RESIDENCE (HOME (For newhorn infants give residence) State City or town. (If outside city or town is street No	County
(a) FULL NAME Harry Les	ter Leasure		3. (b) Socia 2 14-
Sex   5. Color or race   6.(a)S	Single, married, widowed, or divorced	MEDICAL	CERTIFICAT

Married

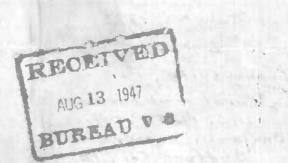
Agnes Leanard Leasure

6.(c) If alive, give age .... 5.7 years

Iffess than one day

Date thereof August 11, 1947.

	214-05-	5797
MEDICAL CEI	RTIFICATION	
20. DATE OF DEATH AUGUST	8 1947	14:45 A.
21. I CERTIFY that death occurred on the date above	stated; that I attended dec	19 Y
Immediate cause of dreath	wriof	Sunt
Due to		***************************************
bue to		****
Other conditions	•••••••••••••••	****
(Include pregnancy within 3 mo	nths of death)	
Major findings of operations	Date of op	
Antopsy results	h death should be charge	d statistically.
22. VIOLENCE: If death was due to external cause	s, ftll in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (when	re?)	••••••
Means of injury	lijured at work?	A-



INC. PRINCES AND IN

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

				Reg. Dist. No
1. PLACE OF DEA	TH:	lecony	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
County			County Allegany	
		mits, write RURAL and give nearest town) 75 Years	City or town Corriganvill (If outside city or town lim	
Hospital, institution, or	street address where	death occurred: treet	Street No. Main Str	eetve LOCATION)
How long in hospital or			2.(a) it veteran, name war	
3. (a) FULL NAME		y Delrosa Lockard		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	None
Female	White	Widow		14 19.47 1 9-5
6.(b) Name of hueband of	or wife H	iram Lockard	21,4 CORTIFY that death occurred on the date a	above stated; that Lattended deceased from
		6.(c) if alive, give ageyes	re / /	9 47 10 aly 19 19 4
7. Birth date of deceased (mo., day, ye	3.	lay 26 1867	and that I last saw halive on	
8. AGE: Years	Monthe 2	Daye   If leee than one day   18  mi	Immediate cause of death	emoning Duration
9. Birthplace	(Town,	Cambria Co.	Due to Collina	Insuffice.
10. Usual occupation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	House	Due to	Disc
	William	n McNulty	Other conditions Inacture	V Light Log. 24
12. Name	* Holl	lidaysburg, Pa.	(Include pregnancy within	
H 14. Maiden name	Mara	garet Nagle		
15. Birtholace	St	Boniface, Pa.	Major findings of operations	
16. Informant	Mrs Jeni	nie Hittie	Aotopsy results	
Address Carr	oltown, Pa	a. •.	PHYStCIAN: Please onderline the cause to	
	or removal. Which?		22. VtOLENCE: If death was due to external of Accident, suicide, or homicide	Date of
Cemetery or cremator	, Hill	Crest Cemetery	Where did Injury occur?(City or town	(County) (State)
Location	Cu	umberland, Md.	Injured at home, farm, industry, public place	
18. Funeral director	Willian	n H. Kight	Meane of Injury	Aured at work?
Address	Cumbe	erland, Md.	- Sant	7//00 c /MM
19 august	-18,47	Stand Wall	23. SIGNATURE	M. D. or other

MARGIN RESERVED FOR BINDING

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WRITE PLAINLY, is especially

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AUG 26 1947 BURKAU V.B.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and let

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charl

les	St.,	Baltimore	

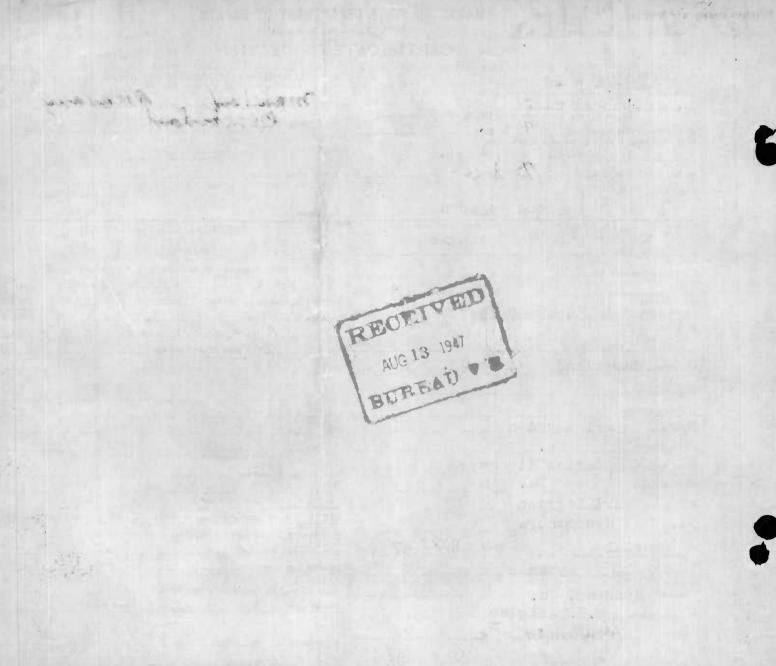
	- 13	U	0	J	0
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CERT	IFIC	ATE	OF	DE	TH

Reg. Dist. No.....

necac

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State	write RURAL and give nearest town)
3. (a) FULL NAME  Raymond Logsdon		3. (b) Social Security Number
4. Sex M Single, married, widowed, or divorced Single	MEDICAL CE 20. DATE OF DEATH. Cluss	RTIFICATION 7 19 7 7 91 4 45 61
6.(b) Name of husband or wite  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  7. hrs. min.  9. Birthplace Cumber land (Town, county, and state)  10. Usuat occupation.  11. Industry or business  12. Name Barl Logadon  13. Birthplace Pa.  14. Maiden name Bertha Kirshner  15. Birthplace Pa.  16. Informant Barl Logadon  Address Hyndman, Pa.  17. Burial (Burial, cremation, or removal, Wbich?)  Cemetery or crematory. Hyndman  Location Hyndman, Pa.  18. Funeral director H. H. Zeigler  Address Hyndman, Pa.  19. Location Tyrigistrar)  19. Location Tyrigistrar  19. Registrar  19. Registrar	21. I CERTIFY that death occurred on the date above  19. 4 end that t tast saw h	e stated; that I attended deceased from  7 19 47  19 47  19 47  OURATION  7 Associated to the state of the st



# Within corporate livrid

ADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
C	umberland	}	***************************************	State Maryland County Allegany				
City or town(If	outside city or town li	mits, write F	tURAL and give nearest town)	City or town Cumberland, (If outside city or town limits, write RURAL and give nearest town)				
			••••••	(If outside city or town limits,	write RURAL and give near	eat town)		
Hospital, Institution, or	street address where	death occurred	1:	Street No. 26 Lamont St	• ,			
Allega	ny Cty.	THI TH	nar.y	(If rursl, give l	LOCATION)			
How long in hospital o	r institution?	rs.		2.(a) If veteran, name war	***************************************			
3. (a) FULL NAM	E				3. (b) Social Security N	lumber		
	John Dan	niel I	Long		MARIO			
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION			
Male	White	W:	ldowed	20. DATE OF DEATH Aug. 8,	1947	. 8:50A		
6.(b) Name of husband	or wife Cora	Gray		21. I CERTIFY that death occurred on the date show	e stated; that Lattended discent	sed from		
***************************************			c) It alive, give ageyears	19 de 19 d		19.47		
7. Birth date of deceased (mo., day,	Man 20	9, 188	30	and that I last saw h \$4.22. alive on	- 1	19		
8. AGE: Years		Days	If less than one day	Immediai congol death	/ //	DURATION		
07	2	9	hrs min.	1 fai	luce.	10 suin		
	umberland (Town, Tin Mi	county, and	RESECT	Due to Themershize Sar	trnio sclesoms	10423.		
10. Usual occupation	M C (		n Co	Due to				
11. Industry or busines								
当 12. Name	elson Loi	ng		Dther conditions				
12. Name	W. Va.							
	Elizabe	th Mc	רופכ	(Include pregnancy within 8 m				
14. Maiden name 15. Birthplace	w v-			Major findings of operations	••••			
≥ 15. Birthplace	W. Va.				Date ot op			
16. Informant Mr	s. James	L. Mo	Dermott	Antopsy results				
	Lamont S	t. Cı	umberland, Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged s	tatistically.		
, Burial				22. VIOLENCE: It death was due to external caus	ses, fill in the following:			
(Buriel cremation	, or removal. Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide	Date of			
	S. S. I	eter	& Paul	Where did injury occur?(City or town)				
Cemetery or cremate	ory					(State)		
Location	umberland	, Ma.		Injured at home, farm, Industry, public place (wh				
18. Funeral director	H. Wayne	Georg	ge	Means of Injury	Injured at work?	-		
	Cumberla			() H 4	. Janes L	2. D.		
1		11	it o tout m	23. SIGNATURE	M. D. o	r other		
19.	9,19.47	10.0	My N. Orang	110 2. Centre di	Pote signed	8-9-47		



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MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH:		4	
County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cily or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Allegan	*	
How long in above place of death?	City or town. Cumberland	nearest town)	
Hospital, institution, or street address where death occurred:  Goodfellowship Club 214.1/2 Va.Ave	Streel No. 100 W. Second St.		
How long In hospital or Institution?	(tf rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Securi		
Arthur LeRoy Mc Cormick			
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	217-10-6 MEDICAL CERTIFICATION	208	
Male White married	20. DATE OF DEATH. Aug. 7	7 at 10 P.	
6.(b) Name of husband or wife Hazel Willison McCormick	21. I CERTIFY that death occurred on the date above stated; that I attended d	eceased from	
7. Birth date of 34 years	and that I last saw h.im. all Doad Aug. 7. 19.4.7		
deceased (mo., day, yr.) March 4 1912  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION	
35 5 3mtn.	Acute Dilatation of the he		
9. Birthplace Cumberland Md (Town, county, and state)			
10. Usual occupation Celanese Corp. of Am.			
44 Industry of hydroge	Due to	******	
Joseph A. McCormick	Other conditions		
13. Birthplace Cumberland, Md.			
E 14. Malden name Anna Miller	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.		
5 15. Birthplace Cumberland, Md.			
16 Informant Mrs. Hazel McCormick			
Address 100 W. Second St, Cumberland, Md.	PHYSICIAN: Please noderline the cause to which death should he charged statistically.		
17. Burial Date thereof 8/10/47 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or crematory Hill Crest Cemetery	Where did Injury occur? (City or town) (County)		
Cumberland, Md.	Injured at home, farm, Industry, pub <sup>2</sup> ic place (where?)		
18. Funeral director William H. Kight	Means of Injury Injured at work?	egany Og	
Address Cumberland, Md.	II II Domina II D 4117		



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### MARYLAND STATE DEPARTMENT OF HEALTH

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### CERTIFICATE OF DEATH

		2. USUAL RESIDENCE (HOME) OF DECI	ASED.
1. PLACE OF DEATH:		(For newborn infants give residence of mother)	
County CUMBERLAND, MD.	)	State MARYLAND County	ALLEGANY
(If outside eity or town lin	nits, write RURAL and give nearest town)	City or town FLINTSTONE	
How long in above place of death?	4 Days	(If outside city or town limits, write	RURAL and give nearest town)
		Street No	
MEMORIAL HOSPI	TAL	2.(a) If veteran, name war	
3. (a) FULL NAME			
		3.70	b) Social Security Number
MRS.CLARA S. McF			None
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIF	
FEMALE WHITE	WIDOWED	20. DATE OF DEATH. AUGUST 4,1947	19 2;30 A.
	AM McFARLAND	24 I OFFICE that doubt assured on the date above stated	
			10 8-4-1
7. Birth date of		and that I last saw h alive on 8 -	3
deceased (mo., day, yr.)	55' T812	Immediate-thuse of death	DUR
0. 1.02.	Days A if tess than one day	LATRUIS MAD	cardial
72 1	12 ·  hrsm	in.	
9. Birthplace		Due to De Que y to C	con.
- MA	county, and state)		
10. Usual occupation.		Due to	
11. Industry or business SABRIAL THORT	ON MOKENZIE		
SABRIAL THORT  12. Name MD.	ON MCKENZIE	Other conditions	
13. Birtholace			
THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE		(Include pregnancy within 3 months of	
1	ENWA DE		
1	ENWADE	Major findings of operations	
14. Malden name MARY		Major hadings of operations.	Date of op
14. Malden name MARY M. GRE 15. Birthplace MD.  Memori	al Hospital	Major hadings of operations.	Date of op. 222
14. Malden name MARY M. GRE  15. Birthglace MD.  16. informant Memori  Address Cumber	al Hospital	Autopsy results.  PHYSICIAN: Please underline the cause to which deat	th should be charged statistically
14. Maiden name MARY Me GRE 15. Birthplace MD.  16. informant Memori  Address Cumber	al Hospital	Autopsy results.  PHYSICIAN: Please underline the cause to which deat	th should be charged statistically
14. Maiden name MARY M. GRE 15. Birthglace MD.  16. informant Memori  Address Cumber  17. Burial (Burial, cremation, or removal, Which)	al Hospital land, Md.  Oate thereof 8/6/47 (month) (day) (year)	Autopsy results	th should be charged statistically in the tollowing:
14. Malden name MARY M. GRE  15. Birthplace MD.  16. informant Memori  Address Cumber  17 Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Bier	al Hospital land, Md.  8/6/47 (month) (day) (year) Cemetery	Autopsy results.  PHYSICIAN: Please underline the cause to which deat  22. VIOLENCE: it death was due to external causes, fill  Accident, suicide, or homicide	th should be charged statistically in the following:  (County) (State)
14. Malden name MARY M. GRE  15. Birthplace MD.  16. informant Memori  Address Cumber  17 Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Bier	al Hospital land, Md.  Oate thereof 8/6/47 (month) (day) (year)	Autopsy results	th should be charged statistically in the following:  Date of
14. Malden name MARY M. GRE  15. Birthplace MD.  16. informant Memori  Address Cumber  17 Burial  (Burial, cremation, or removal, Which)  Cemetery or crematory Bier  Location Rewline	al Hospital land, Md.  8/6/47 (month) (day) (year) Cemetery	Autopsy results	th should be charged statistically in the following:  (County) (State)



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CERTIFICAT	E OF DEATH Reg. Dist. No.
County City or towa.  City or town.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newtorn infants give residence of mother)  State
4. Sex 5. Color or rach 8. (a) Single, grarried, wildowed, or sivorced	MEDICAL CERTIFICATION
Temale White Single	20. DATE DF DEATH aug 16, 1947 21 PM
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date shove stated; that Lattended deceased from  Cleg 14, 19.47, to Cleg 16, 1947.  and that I last saw h
deceased (mo., day, yr.) Am VIM 1872.	Immediate cause of death
8. AGE: Years Months Days if fess than one day  7 4 6 76	acute Coronery Occlusion 2 days
8. Birthplace Madasan por Alles and Co. M. L. (Town, county, and state)	Due la Coronary artires schoois
1D. Usual occupetion	Due to
11. Industry or business  12. Name John M. Brugan  13. Birthplace J. Ma Creens J. Collegen & Ma	Diher conditions mucho precurence (fermens) I day
14. Maiden name Ellen Massaphton 15. Birthplace Ellen Massaphton (Megany Co. M.D.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Willesson O. M. Louis and Jacophile.	Actopsy results.
Address Address Male Male Market Male (month) (day) (year)	PHYSICIAN: Please noderlise the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Allens Venny	Whore did injury occur?
Location And Andrews Control of the Location o	Injured at home, farm, industry, public placo (where?)  Means of Injury  Injured at work?
Address Westan Front 2914	Harmand Transfer
19. Aug 18 19 47 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNAYURE M. D. or other  Address Wistern front, In 4 Date signed 5 1 J. 4 J.

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ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No.

					Reg. Dist. No	·
1. PLACE OF D				2. USUAL RESIDENCE (HOME (For newborn infants give residence)	OF DECEASED:	
County						
Clify or town				State Maryland	County	allegany.
				City or town Little Or (If outside city or town I	rleans	
	or street address where		***************************************			ve nearest town)
				Street Mo.	1 Thornson N	
	and a set of the set	52 00			give LOCATION) Qu	d TE
		da.y.a	<b>.</b>	2.(a) it veteran, name war. [	W.W.Y.	- arti
3. (a) FULL NAM					3. (b) Social Secu	rity Number
Joh	n Merica				722-1	12-002
4. Sex	5. Color or race	6.(a)Single, ma	rried, widowed, or divorced	MEDICAL	CERTIFICATION	1
Male	White	1//03	ried	Ananat	יות י	10
				20. DATE DE DEATH August		
6.(b) Name of husban	d or wife G1.	adys Sny	der	21. I CENTIFY that death occurred on the date	e above stated; that I attended	deceased from
		6. (c) 11 :	ilive, give age 24 years		19.47 to Q	
7. Birth date of deceased (mo., day				and that I last saw to alive on	9-7-17	19 <b>.</b>
8. AGE: Yea		ril 22,	10990 fless than one day	Immediate cause of death		DURATIO
0. 7.00.	3		•	consul grage	حسنس	
50	3	23	hrs min.	June 2	Comme (	4~
9. Birtholace	Virginia	a	2 12	Due to.		
	(Town.	county, and state				
1D. Usual occupation	Carpen	er / Vel	fer	Due to.		
11. Industry or busine	ss Western	Maryla	nd Railroad	DE 10	.,	
E						
E			***************************************	Dther conditions		
13. Birthplace	Vergen			(Include pregnancy withi	n 3 months of death)	
퓓 14. Maiden name	Unsie	Baker		Major findings of operations		
15. Birthplace	burner	•		Major nudugs of operations.		
			ital			
16. Intermant		_		Antopsy results		
Address		d and, M	aryland	22. VIOLENCE: It death was due to externa		
17 OSusa	n, or removal. Which?	Date thereof	aug. 20, 1947			
				Accident, suicide, or homicide		
Cemetery or crema	Jory Rahy	p cem	elling	Where did injury occur?(City or tow	vn) (County)	(State)
Location	new Rd	day &	Lation Ma.	injured at home, farm, industry, public place		
	41 1		The state of the s	Means of Injury	Injured at work?	
18. Funeral director	, The we	//	enge		8	
Address	umberla	ud M	do	clou/	2. AF	denn
		ils 3/ 1	0211	23. SIGNATURE		. D. or other
in /liec	19 1947 egistfar)	Munha	Registrar	Address	med 9	7-18/19



Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: County Allegan (tf outside city or town limits, write RURAL and give nearest town) f rural, give LOCATION) Warld War I 3. (b) Social Security Number MEDICAL CERTIFICATION 20, DATE OF DEATH August 31, 19.47 at 10:10 H.M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: (State) Injured at work?

(Date rec'd by registpar)

SEP 4 1947 BUREAU V B

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1640

# 06646

### CERTIFICATE OF DEATH

Diat. No. 8

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Md. county Allegany		
City or town Longconing Md (If outside city or town limits, write RURAL and give nearest town)	City or town Lonaconing(If outside city or town limits, write RURAL and give nea		
How tong in above place of death? all his life Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nea	rest town)	
nospital, institution, of street address where death occurred.	Street No. 8 Washington St.		
How long in hospital or Institution?	2.(a) If veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
	217-05-		
John Wallace Price Nichols  4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced		1010	
	MEDICAL CERTIFICATION		
Male white married	20. DATE DF DEATH Aug. 19 47	,at 5.45.P.M	
6.(6) Name of husband or wife Pricella Jones Nichols	21. I CERTIFY that death occurred on the date above stated; that t attended dece		
7. Birth date of		194.7.	
deceased (mo., day, yr.) Oct. 30- 1898	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary hemorrhage	at	
48 9 19hrsmin.		once	
9. Birthplace Lonaconing Md. (Town, county, and state)	apex left chest.		
10. Usual occupation miner	Due to Worry & bad health.		
11. Industry or business coal		***************************************	
12. Name James N. Nichols 2 13. Birtholace Pa.	Dther conditions		
13. Birthplace Pa.			
# 14. Maiden name Gertrude Therine	(Include pregnancy within 3 months of desth)		
14. Maiden name Gertrude Tiegere Mich.	Major findings of operations.	*******************************	
	Date of op.		
18. Informant Mrs Pricella Nicholo	Autopsy results	statistically.	
Address Lanacaning and	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)  Date thereof (moorth) (day) (year)	Accident, suicide, or homicideSuicide		
Cemetery or cremajory Oak Hull Cernetery	Where did injury occur? Lonaconing Allegany Md (City or town) (Count) (State)		
Location Lanacarung, and	tnjured at home, farm, Industry, public place (where?) home		
711 6. 90	Means of Injury as above Injured at work? no		
18. Funeral director	Deputy Medical Examiner - Alleg	any or	
Address on acaning the	23. SIGNATUREH. V. Deming M.D. W. L. Dem	my MA	
19. 8 / 27 19.47 Januelle m (Soul Registrar)	Address Date signed		

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2411 N. Charles St., Baltimore

### CEPTIFICATE OF DEATH

	CERTIFICAT	E OF DEAT	11	Reg. Dist. No	7
1. PLACE OF DEATH:	legheny	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	and mits, write RURAL and give nearest town)  1 Days death occurred: Hospital	City or town(If outsi	mberland ide city or town limits, Goethe St (If rural, give L		reat town)
3.(a) FULL NAME John Wi	lliam Noonan			3. (b) Social Security 1 214-05-4598	Number
4. Sex   5. Color or race	6.(a) Single, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Male White	Married	20. DATE DF DEATH		5 1947	,at 10=15A
6.(6) Name of husband or wite	ary Parrish Noonan	21. I CERTIFY that death o	occurred on the date above	e stated; that I attended decea	ased from
7 Bith data of	6.(c) tf alive, give age	and that I last saw h. J.M.	19. 1 alive on 8-5	47, to Aug. 5	19.47
deceased (mo., day, yr.) Septe	mber 28, 1879				DURATION
67 \$ 10	7			Several	years
9. Birthpiace Keyser, Miner (Town,	al Co, West Virginia				**********************
10. Usual occupation				•••••	***************************************
11. Industry or business Pen-Mar		Other conditions			
13. Birthplace Ir	eland	- Cinci Continue		ohy -several	months
14. Maiden name Elle 15. Birthplace Wester 16. Informant Mrs. J.	n Yost	Major findings of operati	ochemen	ercles /cr	3h
El 15. Birthplace Wester	W. Noonan	Autopsy results	)	Date of op. 7-	15 - 4/
Address 435 Goethe St,	Cumberland, Md.	PHYSICIAN: Please und	lerline the cause to whi	ch death should be charged	statistically.
17. Burial (Burial, cremation, or removal, Which?)	Date thereot	22. YIOLENCE: If death Accident, suicide, or homi		es, till in the tollowing; Date of	
Cemetery or crematory St. Pete	r & Paul Cemetery			(County)	
	erland, Md.	Injured at home, farm, Ind	lusfry, public place (who	ere?)	*******************
	am H. Kight		NX		11
Address Cumber 1  19. (Date rec's by registrar)	and, Md. Wester R. Frank D. Registrar	23 SIGNATURE	Telend	M. D. C. Date signed.	or other

FOR BINDING RESERVED MARGIN WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baftimore

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7	CERTIFICAT	E OF DEATH	Reg. Dist. No.
7	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM	(E) OF DECEASED:
	County	(For newborn infants give reaide	County County
	City or town (If outside city or town limits, write RURAL and give nearest town)	State THE CO	. / . / 5/
	How long in above place of death?	(If outside city or town	limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death/accumulation	Steet No.	ıl. giye LOCATION)
	How long in hospital or institution?	2.(a) If veteran, name war	
	3. (a) FULL NAME		3. (b) Social Security Number
	Marsin Marsin		mari
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICA	L CERTIFICATION
	male White single	20 DATE OF DEATH AND	26 1947 1635 PM
	6,(b) Name of husband or wife		late above stated; that I attended deceased from
			19
	7. Birth date of	and that I last saw h. A.M altro u.C.A.	1947
	8. AGE: Years   Mouths   Days   If less than one day	Immediate cause of death Bank	DURATION DURATION
	9 0 19min.	X	cerrical vitilizar almos 5 min
1	And Prince Plains achon Come	Due fo.	
	9. Birthplace (Town, county, and state)	DUC 10	
1	10. Usual occupation.	Due fo	
	11. Industry or business		
	12. Name Daniel Norms  13. Birthplace / Kattle Colons Ind	Other conditions	1 senger burns
		(Include pregnancy wi	thin 3 months of death)
	14. Maiden name D Latinia Brown	Major findings of operations	
	15. Birthplace Columns Pa		Date of op.
	16. Informant Father	Antopay results	e to which death should be charged statistically.
	Address Little Orlines 711d.	22. VIOLENCE: If death was due to exten	
	(Burial, cremation, or remova). Which?)  Date thereof (long) (duy) (year)	Accident, suicide, or homicide	2//01/.10
	Genetery or crematory Larry Plains Clu	Where did Injury occur Belle Gran	or allegan med
	Pinde Plania mo	(City or s	ace (where?) Routen of Cumbridge &
	Location Dank	A - 44 h	loss Elevinjured at work? / No.
	18. Funeral director.	ofme T boy fell a	nt, Keal thuck band.
	Address GallCoth 11cll.	23. SIGNATURE A Dema	M. D. or other
	19. Aug. 79, 18 47 Walls R. Nauts M.D. Registrar	Address Cumbulant	M. D. or other  M. D. are signed 5/26/47.
			and any

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Rog. Dist. No.

1. PLACE OF DEATH:	anv	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
clty or town Cumberla	nd Md	State Md. County Allegany		
(If outside city of to	Att limites, write recovery and Kive member towith	Cumbonland	3 ****** * * * * * * * * * * * * * * *	
How long in above place of death?	40 Y/3.	(If outside city or town limits, write RURAL and give ne	arest town)	
Hospital, instilution, or street address wh Allegany Hosp		Street No. 505 Maryland Ave .		
How long In hospital or institution?		(If rural, give LOCATION)		
3. (a) FULL NAME	1	2.(a) If veteran, name war.	NL-	
	The same of the sa	3. (b) Social Security Number		
Benjamin Ri 4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	- 5316	
male whit		20. DATE OF DEATH Aug. 21 19.47	1115P	
6.(b) Name of husband or wife Este	r Wilson North	21. I CERTIFY that death occurred on the date above stated; that I altended dece	eased from	
2 Digith date of	29- 1877	and that I last saw h.imalDead Aug. 21	194.7	
deceased (mo., day, yr.)  8. AGE: Years Months	Days If less than one day	Immediate cause of death		
o. AGL:		Pulmonary Embolism	at	
69 10	22hrsmln.		once	
9. Birthplace Murleys Br.	ANCH Allegany Md.	Fracture (compressed) 12 dorsa.		
1B. Usual occupation retire	<u>a</u> _	***2nd & 4th. lumber vertebrae also anterior displacement of		
11. Industry or business Poton	rac Edison Co.			
Henry No	rth	Dither conditions the 5th. lumber.		
13. Birthplace Murley B	ranch Md.			
H 14. Maiden name Elizabe	or athen	(Include pregnancy within 3 months of death)		
14. Maiden name	On 1 F	Major findings of operations.		
2 15. Birthplace	· 0 0 1++			
16. Informant Prop. Ols	yamın te. milk	Autopsy results	statistically	
Address Comb	uland			
11 Bossiel	Date thereof Quantity (gent)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicideAccident	-7-47	
(Burial, cremation, or removal. Wh	00 11	Where did Injury occur? Murley Branch Allega	ny Md.	
Cemetery or crematory	lesson com	(City or town) (County)	(State)	
Locallon Complex	land Ind.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	stein In	Means of Injuly on ladder pickauten werea	rs, 15 ft	
1	1. 0 1	11mb broke the fell to ground 33. SIGNATURE H. V. Deming M.D. 4.	de de	
Address	wereman 1 + 1 m	23. SIGNATURE H. V. Deming M.D. A. V. D.	my Mi	
19 aug. 28, 194	> Wurter K. grants. 1.	N. C. Lack of Tong M.D.	or other	
(Date rec'd by registrar)	Registrar	Address Date signed.	W	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
City or town(If outside city or town limits write RURAL and give nearest town)	Be Bata
How long in above place of death?3. F. Jeans	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 3. Color or race, 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Single	20. DATE OF DEATH
6.(b) Name of hysbend or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Apr. 10, 1846, to Aug 18 1847
7. Birth date of	and that I last saw h. [. Ma. alive on Aug. 18 19.47
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediais cause of death
8. AGE: Years Months Days If less than one day	Lober Phermonia 7 Days
1 -9 1 1 1/1/2	-
9. Birthplace for Minimum (Town, evanty, and state)	Due to
1D Usual occupation	
	Due to
11. Industry or business	Pulmonary Tuberculosis 1 Year
12. Name Mason of terkens  13. Birthplace I taunton, Va	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name English Grandings	Major findings of operations
El 15. Birthplace Cally finna.	Date of op.
18. Informant Mrs. M. D. Respins	Antapsy results
Address Saplows, Ma.	22. VIOLENCE: Il death was due to external causes, fill in the following:
(Opprial, cremation, or removal. Which?)  Date thereof (magith) (dgb) (year)	Accident, suicide, or homicide
Cemetery or crematory. Issuell Kill	Whers did Injury occur? (City or town) (County) (State)
Marchael Mas	Injured al home, farm, Industry, public place (where?)
Location	Msens of injury Injured at work?
18. Funeral director	moents of injury
Address Histernfrot Mill.	23. SIGNATURE Caulbrillow And
19 day 18 1947 Broker Ban my	P
(Date rec'd by registrar) Registrar	Address Fiedmont W. VJ Date signed Acq 18, 194

Address Predmont W. Vs

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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19. Accepted by registrar)

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information carefully. of death clearly and le

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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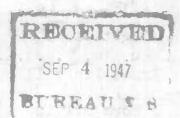
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06651

### CEDTIFICATE OF DEATH

		CER	TIFICAT	E OF DEATH Reg. Diat. No.,	F
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cily or town	berland outside city or town lin of death? street address where d w.C.A - V	Md.s. nits, write RURAL and give ne	arest town)	State Md County Allegany City or town Mt. Savage (If outside city or town limits, write RURAL and give Street No.  (If rural, give LOCATION)  2.(a) If yeteran, name war. First World War	nearest town)
3. (a) FULL NAME			***************************************		
				3. (b) Social Securi	
The c	odore Lyn	n Pickrell   6.(a) Single, married, widowed, o	e diseased	494-09-8	402
9. 364	g. color of face	o.(s) single, marries, widowes, o	i divorces	MEDICAL CERTIFICATION	7 90
male	white	married		23. DATE OF DEATH. Aug. 26 19.4	7a.9. 35P.
***************************************		Stevens Pic		21. I CERTIFY that death occurred on the date above stated; that I attended d	19
7. Birth date of deceased (mo., day, y	Dec. 7	.1887		Immediate cause of death	
8. AGE: Years	Months	Days If less than one o	day	Coronary occlusion	
59	8	17hrs.	min.	. M.	
10. Usual occupation	Night cle	Mo. county, und state)  rk  .M.C.A. rell		Due to	
12. NameF1		Mo			
	Dora Dil	dine Mo		(Include pregnancy within 3 months of death)  Major findings of operations	);; • . • • • • • • • • • • • • • • • • •
16. Informant Wi			***********	Autopsy results 28 2007. PHYSICIAN: Please underline the cause to which death should be charge	***************
Buria (Burial, cremation,				22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide	(State)
				Means of Injury Injured at work?	
	Frostburg	Durst,		Benuty Medical Examiner 2 Al	legany Oo.
	1 8 19 # 2		5 md	23. SIGNATURE H. V. Deming M. D. H. V. D.  Address Combuland, Md. Date sign	D. or other ed. 1.27/47



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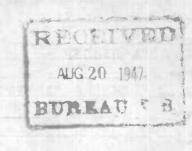
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### MARYLAND STATE DEPARTMENT OF HEALTH

06652

## CERTIFICATE OF DEATH

IN COOPER 2411 N. Cha	arles St., Baltimore
	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County ATJEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town CIMBERLAND. (If outside city or town limits, write RURAL and give nearest town)	Slate
How long in above place of death? MEMORIAL  Hospital, institution, or street address where death occurred:  MEMORIAL HODSPITAL	(If outside city or town limits, write RURAL and give nearest town)  Sireet No. 432 CENTRE ST
How long in hospital or instilution?30 MINUTES	(1f rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
RINGER BABY BOY Walfar Allen  4. Sex 5. Color or race 6.(a) Singley married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE DF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw tr. 1 - alive on 4 - 4 - 7 - 4 - 18
deceased (mo., day, yr.) (suguest 14, 1947012:50	and that I last saw to Lalive on 18.  Introduction of death Consenitor Atelectors DURATION
8. AGE: Years   Months   Days   11'less than one day  hrs3Q. mil	multiple (executar)
9. Birthplace CUMBERIAND Allig. Co., Ml.	Due to Congenital Wal furnation
10. Usual occupation.	
11. Industry or business	Due to
E 12. Name. ALVA RINGER	Dither conditions POLY BACKUSIM -
≦ 13. Birthplace W.VA.	(Include pregnancy within 3 months of death)
14. Malden name THELMA GARLITZ  15. Birthplace W.VA	Major findings of operations.
≅ 15. Birthplace W. VA	
18. Informant Memorial Traspetal	Autopsy results.
Address Cumperland, and.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof. AUC: 14, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
EBUTAL CREMATOR, OF TEMOVAL WHICH; (month) (day) (year)	
Location CIMBERIABND MD	Means of injury injured at more?
18. Funeral director	0 11 0 17 0
Address	2 28. SIGNATURE Julies B Mulwout
19. Muites P. Frants 1. (Date rec'd by registrate)	M. D. or other
(Date rec'd by registrar)	Address Date signed 7



2411 N. Charles St., Baitimore

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) /		CERTIFICAT	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH	Δ٦٦	egany	2. USUAL RESIDENCE (HOME) 0. (For newborn infants give residence of	F DECEASED:
County			State Maryland Cou City or town (If outside city or town limits Streef No. 9 Ormand (If rural, give	rg s, write RURAL and give nearest town) St.
How long in hospital or ins	titulion?		2.(a) Ii veteran, name war	•••••••••••••••••••••••••••••••••••••••
3. (a) FULL NAME	ANNI	E SMITH		3. (b) Social Security Number none
Female 5.	White	6.(a) Single, married, widowed, or divorced Single		ERTIFICATION (6) 1947 at 12387
6.(b) Name of husband or w 7. Birth date of deceased (mo., day, yr.)			21. I CERTIFY that death occurred on the date about 19	47 10 aug 16 14/
8. AGE: Years 76	Months 7	Days If less than one day  15min.		instribuje 8 lay
9. Birthplace		Allegany, Maryland	Due to	Survis
	n Smitl Germa		Other conditions	
W 15. Birthplace	Welle	arrady ersburg, Pa.	(Include pregnancy within S r	
16, Informant M		fie Smith, stburg, Md.	Antopsy results	hich death should be charged statisticaffy.
Burial (Burial, cremation, or Cemetery or crematory	Alle	Date thereof Aug. 18 147 (month) (day) (year) egany Cemetery arg, Md.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of (County) (State)
18 Funeral director		R. Durst,	Misans of Injury	MJured at work?
Address  19. F- / 8 (Date rec'd by regist	1947	ms. Mauly N. Registrar	23. SIGNATURE DONAL Address Daffun	M. D. or other  Date signed 8 70 - 47

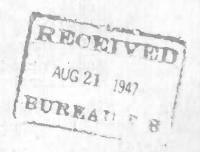
UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Dr Paul R. Wilson

3. (b) Social Security Number

			F DECEASED:
(For ne	wborn infants	give residence of	mother)

State Maryland County Allegany

City or town Westernport (If outside city or town limits, write RURAL and give nearest town)

MEDICAL CERTIFICATION

20. DATE OF DEATH. August 26 1947 31 8:202 M

Not Specified As Rheumste 2 Years

21. I CERTIFY that death occurred on the dete above stated; that I attended deceeeed from

Immediais cause of death Chronic Myocarditic

and Myocardial Dogeneration

Street No. Hill Top Drive (If rural, give LOCATION)

end that I last saw h. 1.375 ...elive on......

#### 3. (a) FULL NAME JOHN HOWARD SMOUSE

Allegany

Hospitel, Inetitution, or street address where death occurred:

How long in hospitel or institution?.....

Hill Top Drive

Westernport 

1. PLACE OF DEATH:

Male

#### 5. Color or rece 8.(a) Single, married, widowed, or divorced White Widower

Henrietta Smouse 6.(b) Name of huebend or wife......

6.(c) If alive, give age veers 7. Birth dete of deceased (mo., day, yr.) September 9, 1867

It less than one dey 8. AGE:

Grantsvill, Garrett, Maryland (Town, county, and state)

Blacksmith 1D. Usuet occupetion...... Paper Mill 11. Industry or bueiness

Daniel Smouse 置 12. Name.....

Pennsylvania 13. Birthplace Priscilla Livengood

当 14. Meiden name......

15. Birthpiece Pennsylvania

(Burlai, cremation, or removal. Which?)

Dete thereof. August 30, 194 722. VIOLENCE: It death was due to externel ceuses, till in the following:

Philos Cemetery

Westernbort, Maryland

Ellsworth S. Boal 18. Funerel director ....

Westernport, Maryland

Injured et work?

(Include pregnancy within 8 months of death) Major findings of operations NOUS

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Where did injury occur? .....(City or town) (County)

Injured et home, farm, Induefry, public place (where?) .....

Meane of Injury



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06655

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
6.(b) Name of husband or wife. Hiram Sowers  6.(c) If allive, give age yea  7. Birth date of deceased (mo., day, yr.)  Jamuary 9 1860	and that I last saw had alive on alive on DURATION
8. AGE: Years Months Days It less than one day	7
87 7 5 hrs. mil  9. Birlhplace Chaneysville, Bedford Co, Pa  (Town, county, and state) House  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace Chaneysville, Pa.  E 14. Maiden name.  Clara Rolland	Due to
16. Informant Marshall Sowers	Major findings of operations
Address 316 Columbia St, Cumberland, Md.  17. Burial Date thereof 8/16/47 (Burial, cremation, or removal, Which?)  Cemetery or crematory. Mt. Zion Cemetery  Location Chaneysville, Pa.  18. Funeral director William H. Kight  Address Cumberland, Md.  19. Mag. J. Winter R. Faunts, Magistre  (Date rec'd by registral)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Eaglie whom infants give residence of mother)
County	State Many and county All gany
City or town (If outside city or town inner, weite kURAL and rive nearest town)	City or town Drudland
How long in above place of death?	outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Cornst Steiding	2
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Phale White Ovidowed	20. DATE OF DEATH
8.(6) Name of dushand or wife to ling aboth Steeding	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) it alive, give age years	8 9 151 10 8 11 119
7. Birth date of deceased (mo., day, yr.) 272 ary 24, 1859.	and that I last saw h J. A. alive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION (2)
88 2 17hrs. min.	Coronary Urantosis (:)
Con Atrad College Pur Pus In	d. C. Taning Clare
9. Birthplace (Town, county, and state)	(Due 10)
10. Usual occupation Ananti action	Russia
11. Industry or business Lashentes	DUE 10
= 12. Name Barn Chaselt Stendin	Wher conditions
12. Name Barra and Stender	
	(Include pregnancy within 3 months of death)
6	Major fiadiogs of operations.
* 15. Birthplace Justinian	Date of op.
16. Informant	Actorsy results
Address & an aconning, gran	22. VIOLENCE: It death was due to external causes, till in the following:
17 Sunal Date thereof Sunal 13, 199	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (day) (year)	Outline did injury occur?
Cemetery or crematory Consideration Consider	(City or town) (Connty) (State)
Location Control Contr	Means of trijury linjured at work?
18. Funeral director	A d
Address Lonac oning Bld.	Tout Engage True M.D.
aux 17 Janution Boal	23. SIGNATURE. M. D. of other
19. (Date red d by registrar) Registrar	Address Lonaconing Md. Date signed 8 11/4/

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

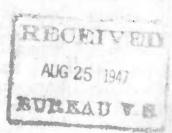
#### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.		
1. PLACE OF DEATH: COUNTY Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
City or town Frostburg Md.  (If outside city or town limits, write RURAL and give nearest town)	state Md. county Allegany		
How long In above place of death?  Hospital, institution, or street address where death occurred:  Miner's Hospital Frostburg Md.	City or town Mt. Savage. (If outside city or town limits, write RURAL and give nearest town)  Street No		
How long in hospital or Institution? 12 hours	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Robert L. Sturts	270-26-9224		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white single	20. DATE DE DEATH Aug. 20 19 4.7 at 1 . 55A		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) March 21, 1930	and that I last saw h.imall Doad. Aug. 20 194.		
8. AGE: Years   Months   Days   If less than one day   17   4   28  hrsmin.	Intracranial hemorrhage 12 hrs		
9. Birthplace Wellersburg, Somerset, Penna.	Due to basial fracture of the skull		
1D. Usual occupation	fractures of right malar nasal superior maxillary bones		
11. Industry or business Coal Mixes	a stone in roof of mine falling & hitting him on right side of face.		
12. Name Walter Sturtz   13. Birthplace   Pennsylvania			
14. Maiden name Edith Porter  15. Birthplace Maryland	(Include pregnancy within 8 months of death)  Major fieldings of uperstious.		
15. Birthplace Maryland	Date of op.		
Walter Sturtz, Slabtown, Md	Autopsy resolts		
Address  17 Burial Date thereof Aug. 22'47  (Burial, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory Cook Cemetery,  Wellersburg, Pa.	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide		
J. R. Durst,  Address Frostburg, Md.	Means of Injury as above Injured at work? yes Deputy Medical Examiner - Allegany Og		
198-21 (Date ree'd by registrar) 1947 Mus. Mauey N. Bae. Registrar	23. SIGNATURE H. V. Deming M. D. H. L. Deming M. D. or other M. D. or other M. D. or other M. Date signed & 20/2		

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED MARGIN

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ARREO

# DR. GRACTE

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CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF PERHANY  County CUMBERIAND  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  MEMORIAL HOSPITAL  How long in hospital or institution?	Streel No. 58 JACKSON
3. (a) FULL NAME MR.ELLIOTT TERNENT	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   MALE   WHITE   SINGLE	MEDICAL CERTIFICATION AUGUST 18,1947 2;50 A.M.
6.(b) Name of husband or wife  7. Birth dale of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day 60  9. Birthplace	21. I DERTIFY that death occurred on the dale above stated; that I altended deceased from  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
12. Name JAMES TERNENT  13. Birthpiace MARYLAND  14. Maiden name EMMA HUTSON  15. Birthplace ENGLAND  16. Informant Manager ENGLAND  16. Informant Manager ENGLAND  16. Informant Manager ENGLAND  16. Informant Manager ENGLAND	Major fiudiogs of operations.  Major fiudiogs of operations.  Major fiudiogs of operations.  Major fiudiogs of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bate Ihereof. (Burial, cremation, or removal. Wurch?)  Cemelery or crematory. Oakh. Address Address	Accident, suicide, or homicide
18 Classes 20, 19 47 Winter & Franks	M. S. SIGNATURE M. D. or other  Address. Comber Dale signed and 1800

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICATE OF DI	EATH Reg. D	Dist. No4
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURA How long in above place of death? Hospital, institution, or street address where death occurred;	City or town	Remoterate	Lyany and give nearest town)
How tong in hospital or institution?	2.(a) It veteran, a	name war	
3. (a) FULL NAME Delphia	Pearl Thrush	w no	al Security Number
4. Sex 5. Color or race 6.(a) Single, mar	2211 2D. DATE DF DEAT	MEDICAL CERTIFICA	
6.(b) Name of husband or wife Selson 10  6.(c) If a	Thrasher 21.1 CERTIFY the	at death occurred on the date above stated; that i	attended deceased from
7. Birth date of deceased (mo., day, yr.) Nec 27 19	and that I fast sat  Immediate cause	when alive on aug r	1 DUI
a Richaloca Red Creek	M. Val. Due to	Comerulanifoh	ilis
1D. Usual occupation		focardial des	weatin
21 011 . 60	Diher conditions		
	Major fiedings o	(Include pregnancy within 3 months of death	***************************************
16. informant Belson & Thra	Autopsy results	case underline the cause to which death should	
Address  Tawage  17. January  (Burial, cremation, or removal, Which?)  Date thereot	and 24'47 22. VIOLENCE:	It death was due to external causes, till in the fo	otlowing;
0 -	(100)11) (00)) (3 00)	gccur?	
Cemetery or crematory	7 /		
Location Bulk Standard Bruneral director Att Mass Standard	7 /	tarm, Industry, public place (where?)	

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# CERTIFICATE OF DEATH

	CLIC		- 01 22:111	Reg. Dist. No	
1. PLACE OF DEATH	allegann		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County City or town	war on who		State Count	y	ussy
	e city or town limits, write RURAL and live nes	UND	City or town	write RURAL and give near	st town)
Hospital, institution, or stree	t address where death accurred:	1	Street No.	and the Later from	
Now long in hospital or insti	tulion?		(If rural, give L 2.(a) If veteran, name war		
3. (a) FULL NAME	0 1	<i>x</i>		3. (b) Social Security No	
of lo	rence thushly	1. Charm	fall		
4. Sex 5. 0	Color or race 6.(a) Single, married, widowed or	r divorced	MEDICAL CE	RTIFICATION	
tiemale 1	thite Marie	d	20. DATE OF DEATH	3 (19.4.7., a	12:34
6.(b) Name of husband or wi	+ Trovert linen	bull	21. I CERTIFY that death occurred on the date above	17 41.2.2	ed from
	6.(c) 11 alive, give age	74 years	Jan 10 19 4	10 7109	19
7. Birth date o1 deceased (mo., day, yr.) /	Febr. 29. 1876	,	and that I last saw h. C. alive on		DURATION
8. AGE: Years	Months Days 11 less than one d	day	Ceropre /t	emorthage	2 000
7/	6 2hrs.	min.			
9. Birthplace	(Town, county, and state)	L	Due to Hyperty	1204	***************************************
10. Usual occupation	foreservice		Due to.		
11. Industry or business	Own Home	,			***************************************
12. Name	ling Musher	M	Other conditions		
	fest Virginia	7	(Include pregnancy within 3 me	onths of death)	
14. Malden name	holle of Har	W	Major findings of operations	<b>C</b>	
15. Birthplace	ntegeron 1	11	1000	Date of op	
16. Informany Mass	John Sold Control	les	Autopsy results	ch death should be charged at	atistically.
Address	Janen, In	2	22. VIOLENCE: If death was due to external cause		
17(Hurial, cremation, or r	Bate thereol (morth)	day) (year)	Accident, suicide, or homicide	11/1/10	
Cemetery or crematory	Laurel Hill Ce	metery	Where did Injury occur?(City or town)	(County)	(State)
Location	Doscor 2nd	7	Injured at home, farm, Industry, public place (whe	re?)	
18. Funeral director	Mi dielmour		Means of Injury	Injury at work?	1
0	ruconing, Ma		N. C	62 Wels	u M.
9/2	17 De the	18-1	23. SIGNATURE	M. D. or	other
19. (Date rec'd by registro	ar) 19 4 January	Registrar	Address Predmant	NeVA Bate signed	412,4

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0	b	Pa	Th.	
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### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother) Maryland Allegany		
City or town. Cumberland,	State County		
City or town	City or town Cumberland,		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) 418 Grand Ave.,		
Hospital, institution or street address where death occurred:	V11 CC1 17V		
710 Grana 2770.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Margaret Ann Twigg	Mane.		
4. Sax   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed			
	20. DATE DF DEATH Aug. 6, 19 47 313:45 A		
6.(b) Name of husband or wife Randolph Twigg	21. I CERTIFY that death occurred on the date above stated; that Laifended deceased from		
	July 14 18 47 10 Clup Ce 1949		
T. Birth date of T. D. C. C. It alive, give age years	and that I last saw h C1 alive on C1 2		
deceased (mo., day, yr.) Feb. 24, 1879	Immediais cause of death		
8. AGE: Years   Months   Days   If less than one day	Reflechen		
68 5 12 mm. hrsmin.	the post of the state of the st		
9. Birthplace (Town, county, shid state)	Due 10		
Housewife .			
1D. Usual occupation	Due 10		
11. industry or business			
對 12. Hame Michael Keefer	Other conditions		
12. Hame Michael Keefer 13. Birthplace Penna.			
	(Include pregnancy within 3 months of desth)		
14. Maiden name Unknown 15. Birthplace Unknown	Major findings of operations.		
15. Birthplace Unknown	Dale of op.		
16. Informant Irene Galliher	Autopsy results. Mod		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 418 Grand Ave., Cumberland, Md.			
Burial Burial (Burial, cremation, or removal, Which?)  Date Iheroof Aug. 9, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Date Ihereof Aug. 9, 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Methodist Cem.	Where did Injury occur?		
Little Orleans, Md.	Injured at home, farm, Industry, public place (where?)		
Location			
18. Funeral director H. Wayne George	Means of Injury Injured at work?		
Cumberland Md	(1/2 /2)		
Address Jamber Larra, Lar	23. SIGNATURE M. D. or other		
13 (Date red by regetrar) 1947 Churles h. Franky M.	M. D. or other		
(Date rec'd by registrar)	Address		



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF BRATH: County Cliegomy City or town Currherland	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For Jewborn infants give residence of mother)  State.  State.  County
City or town	City or town. (If outside city or town limits, write RURAL and Rive nearest town)  Street No. 15048
How long in hospital or institution?	(If rurs Location) 2.(a) If veteran, name war
3. (a) FULL NAME Rudolph Frank	Valentine 3. (b) Social Security Number
mule sinte sarried, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. Dug 16 1947 11 430 P.
6.(b) Name of hardend or wife	21. I CERTIFY that death occurred on the date above stated; that I alterded deceased from
7. Birth date of deceased (mo., day, yr.) April 17 1886  8. AGE: Years Months Days the less than one day	and that I last saw but death
9. 8irthplace burnkerland and	Outeral Hylestewise / Open
10. Usual occupation	Due to.
11. Industry or business  12. Name	Other conditions
14. Maiden name Assare & internam  15. Birthplace And,	(Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplace	Oate ot op
Address Am Serland Ind	Autopsy results PHYSICIAN: Please moderline the cause to which death should be charged statistics by.
17. Quiess Oale thereot (morgh), (day), (year)	22. VIOLENCE: If death was due to exfernal causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
18. Funeral director anno Stein One	Means of Injury Injured at work?
Address Combestand	P3. SIGNATURE UNINAMEDIA
19. Outered by registrary 19. 4.7. Writes & Frants M. Aggierra	Addiesed Lease Sold Date signed Sold 7/17

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cornect is especially important. Physicians: please write the causes of death clearly and legibly.

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	CATE OF DEATH  Rog. Diat. No.
1. PLACE OF DEATH  County (If outside fity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  Ounly  (If outside city or town limits, write RURAL and give nearest typh)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
4. Sex   5. Color or tace   6.(a) Single, married, widowed, or proceed	3.(b) Social Security Number 2/2-24-198  MEDICAL CERTIFICATION
Tamale White Sentile	20. DATE DE DEATH. Quant 21 19. 47, 21. 21
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) May 25 th. 1928	and that I last saw h & hallve on August 19.
8. AGE: Years Months Days If less Ahan one day  19 4 26	acute Cardiac dilitation. 15m
9. Birthplace (Town, county, and atute)	Myd Due to Chroma chematic Cest disease
10. Usual occupation	Due to.
12. Name John Marie 13. Birthpiace Echaer	Diher conditions
14. Maiden name 27 elle Bannaly 15. Birthplace Cechibers 7916.	Major fiedings of operations
16. Informant Joly P. Videlson	Antopsy results.  PHYSICIAN: Please underline the cause in which death should be charged statistically.
Address  17. Date thereof (morph) (day (year (morph) (day) (day) (year (morph) (day) (day) (year (morph) (day) (day) (year (morph) (day) (	Accident, Sucide, of Nomiciae.
Cemetery or crematory of a glassia to es	Where did injury occur?
18. Funeral director.	Means of Injury Injured at work?
Address Frostling from	23. SIGNATURE A.C. Quell M.D. conther
(Date rec'd by registrar)	ristrar Address Troplung Ma Date signed 22

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information carefully of death clearly and

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	

2. USUAL RESIDENCE (HOME)

(For newborn infants give residence o

Accident, suicide, or homicide,.....

Means of injury

Injured at home, farm, industry, public place (where?) ...

U	0	0	1)

OPPA

#### CERTIFICATE OF DEATH

DEATH	Reg. Dist. No.
RESIDENCE (HOM whorn infants give residence Va.	IE) OF DECEASED: ence of mother)  Mineral
Ridgeley (If outside city or tow 47 Knobley	n Ilmits, write RURAL and give nearest town)

(If ontside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred:
Allegany Hospital 4 days

Cumberland.

Allegany

How long in hospital or institution?. 3. (a) FULL NAME

1. PLACE OF DEATH:

#### VIRGINIA LEE WEAVER

3. (b) Social Security Number
MAIO

Injured at work?

6.(a) Single, married, widowed, or divorced 5. Color or race Single Female White None 6.(b) Name of husband or wife ......6.(c) If alive, give age ...... deceased (mo., day, yr.) Aug. 9, 1947 If less than one day 8. AGE: Cumberland, Md.
(Town, county, and state) 1D. Usuat occupation. None 11. Industry or business John R. Weaver 12. Name....... 13. Birthplace Cumberland, Md. Virginia Grimes 14. Malden nar 15. Birthplace Ridgeley, W. Va. Mr. John R. Weaver PHYSICIAN: Please underline the cause to which death should be charged statistically. 47 Knobley St., Ridgeley, W. Va. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereo Aug. 15,1947 (month) (day) (year) Burial (Burial, cremution, or removal. Which?) Cemetery or crematory Zion Memorial Cem. Where did injury occur? .....(City or town) Cumberland. Md. H. Wayne George 18. Funeral director..... Cumberland, Md.

MEDICAL CERTI		
20. DATE OF DEATH Aug. 13,	1947	.6:45
21. I CERTIFY that death occurred on the date above states	t; that I attended decease	ed from
and that I last saw h	Andrew Sy.	
Immediate cause of death for forther forms		DURATION
Due to Congenital Heart		
Due to		
Dther conditions	***************************************	
(Include pregnancy within 3 months	of death)	
Major findings of operations		

(If rural, give LOCATION)

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and RESERVED MARGIN

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FOR

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. .

county Allegany

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# CERTIFICATE OF DEATH

PLACE OF DEATH:  Dunty					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate		
ow long in hospital o	r Institution?		***************************************		2.(a) If veteran, name war	************	***************************************
(a) FULL NAM	Pearso						3. (b) Socia
. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced		MEDIC	AL CE	RTIFICAT
male	White	sin	ngle		20, DATE OF DEATH Augus t	ł.,	3
(b) Name of husband	or wife				21. I CERTIFY that death occurred on th		
. Birth date of deceased (mo., day,	- 1	-	If alive, give age	1	and that I last saw hi.M.alpon	dAu	g. 3
3. AGE: Year	The second secon	Days	tf less than one day		Intraabdominal		
16 BirthplaceTh	omas W. Va	/ 8		. min.	Shattered lumb	er s	pine un wou
D. Usual occupation.	Student				Oue to Companion wi	th g	un stu
	ss an Welsh Westernpo				over R.Ry tie 3 accidently, whi	igun	went unting
14. Maiden name	Margueri	te Wh	ite Welsh		(the lude pregnancy		onths of death)
E 15. Birthplace	Cleveland	- / //	W/		Aotopsy resetts		Date
Address 2	estern	low	MI		PHYSICIAN: Please underline the co		
Murial, cremation	n, or removal, Wilch?)	Date thereo	(month) (day) (year	)	Accident, suicide, or homicide Acc About 2212 mi Where he injury occur? mi Rawlings on work	cide	nt
Cemetery or cremat	ory Ayl	sy (	grade /	F	Andings on World	down.	Ry Cour
Location	Gregar	group	to Kare la	J	Injured at home, farm, Industry, public Means of Injury as above		ere?) <b>2.5</b> tnjured :
18. Funeral director	A Car	vovy	A will		Beputy Medical	Exam	niner =
Address 2	genu	1000	ALU O	-	23. SIGNATURE H.V. Demi		
(Date reck) by r	egistrar) 19.4.7	My COU	The state of the	1	Address Cumberland	- m	race :

Wastannant		
City or town Westernport (If outside city or town limits, v	vrite RURAL and s	give nearest town)
street NA63 Spruce St. (tfrural, give Lo	CATION)	
2.(a) If veteran, name war		
	3. (b) Social Se	curity Number
MEDICAL CER	RTIFICATIO	N
20, DATE OF DEATH August	3 19.	47 .2.40 Pm
21. I CERTIFY that death occurred on the date above	stated; that I attend	led deceased from
19	, to	19
and that I last saw him.aloondAug	3	194.7
Immediate cause of death		OURATION
Intraabdominal hemo	rrhage	& about
Shattered lumber sp		40
Due to 12 guage shot gi	in wound	minutes
Due to Companion with gr	in stumb	led
ver R.Ry tie & gun accidently, while hi	went of	f
(thelude pregnancy within 3 mo	nths of death)	
Major findings of operations		
	Date of o	)
Aotopsy resofts	h death should be c	barged statistically.
22. VIOLENCE: If death was due to external cause		
Accident, suicide, or homicide Accident About 2.1/2 mi. wes Where file Injury occur? Rawlings on wull-down	t of Alle	gany <sub>State</sub> Md
Injured at home, farm, Industry, public place (when	e?)asab	ove
Means of injury as above  Paperty Medical Exam	tnjured at wo	thegana oc
23. SIGNATURE H.V.Deming M	D. N.V.	Denning mo
Address Cumberland M	Oale	March 8/3/47



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 1	7	6	13	12	. 2	
4	î	U	V	1	3	

Date signed 8-18-7

CEDTICICATE OF DEATH

Reg.	Dist.	No	4

	CERTIFIC	ALE OF DEATH	Reg. Diat. No
1. PLACE OF DEATH: County ALLEGANY City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 DAYS Hospital, instilution, or streel address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 10 DAYS  3. (a) FULL NAME		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Unclass County Muscles  (if outside vity or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) II veteran, name war.  3. (b) Social Security Number	
MRS. PHEBE		9,	None
4. Sex 5. Color or r FEMALE WHI		MEDICAL C	ERTIFICATION
7 Dish data of	CKARENCE O. WESTFALL  6.(c) If alive, give age 65  APRIL 4, 1885	2f. I CERTIFY that death occurred on the date ab August 6, 19	ove stated: that I attended deceased from
8. AGE: Years Months PENNSY 9. Birthpiace	LVANIA (Town, county, and state)	min. Leak stitle li	m-Esaples
f0. Usual occupation		Due to Charles Condition Control	Carlion
14. Maiden name ANNIE 15. Birthplace PENNSY		(Include pregnancy within 8	Protection stil
Address RV.#/  17. Bereil  (Burial, cremation, or removal.	Keyper, W. Va.  Date thereof aug. 19, 19, 4  Which?)  Date thereof (month) (day) (year)	PHYSICIAN: Please underline the kause to w 22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	uses, fill in the following;
Location	ser W. Va.	Where did injury occur?	
Address Ker	per, W. Va.	m 38. SIGNATURA A NA	whins
(Date rec's by registrar)	Regist	trar   Address	Date signed 8 78



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UNFADING INK. Supply every item of information carefully tant. Physicians: please write the causes of death clearly and

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19. (Date recili by registrary)

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTI	FICATE OF DEATH Reg. Dist. No.
1/PLACE OF DEATH:  County	(If outside city or town limits, write RURAL and give nearest town)  Street No. 3 0 0 1 Center St.  (If rural, give LOCATION)  2.(a) It veleran, name war.
4. Sex  5. Color or race 6.(a) Single, married, widowed, or divor	MEDICAL CERTIFICATION  20. DATE DF DEATH AUGUST 15 19 47 21 10:20 P.
8. (b) Name of husband or wife  7. Birlh date of deceased (mo., day, yr.)  8. AGE: Years Months days It less than one day  5 2 /0	and that I last saw h Asia alive on A 194.7.  Immediate cause of death DURATION  The Control of the cause of death and the cause of death
10. Usual occupation	Diler conditions  (Include pregnancy within 3 months of death)  Major findings of operations.
Address 300 N. Center St. Cumberland, N  17. Buria (Burial, cremation, or removal, Which?)  Cemetery or crematory St. Patricks Cemetery  Location Cumberland, Md.	(year) Accident, suicide, or homicide
18. Funeral director. John Andrews, Hyd.	+ 3 27 SIGNATURE B M Shuller MAD



#### 2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Susaw M. Wiel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION S.A.S. 20. DATE OF DEATH. Qualist 15 1947, 21 177.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above ejated: that I attended deceased from  Rovenslets 9 18 47 to august 15 19 47  and that I last saw h. E. S. alive on august 15 18 47
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  7 2 3	Immediate cause of death and Carebral C
1D. Usual occupation	Due 10 Obinicione anemia
12. Name Me Unique  13. Birthplace	Other conditions
14. Maiden name. S. Lig. abell. Hartley.  15. Birthplace  16. Informant. THIS Many Michael	Majur findings ul uperatiuus.  Date of op.
Address & Santhurgima  17 Bural Date thereof Aug. 17-194	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, eutcide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or crematery	Where did injury occur? (City or rewn) (County) (State)
18. Funeral director	Meene of Injury Injured at work?  23. SIGNATURE C. Diely, M. D.
19. 8-15- 19.4) New Mauly XI Registrar	Address Trostung M. D. or other  Date signed 8/15/47.

MARGIN RESERVED FOR BINDING

WITH ONFADING INK. Supply every item of information carefully. The corresponding important. Physicians: please write the causes of death clearly and legibly.

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ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH ENF.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or lown
How iong in hospital or institution?	Street No. 923 Communa St. (If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME  Charles W. William  4. Sex.   5. Color or race   8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
Inale White Brassied	MEDICAL CERTIFICATION  20. DATE OF DEATH 19 4 21 6 15 4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
T. Birth date of deceased (mo., day, yr.) Loc 16 1869	Immediai pause of death OURATION
8. AGE: Tears Months Days If less than one day 77 7 22hrsmin.	Cerelval Thromboso Jin a
9. Birthpiace (Town, county, and state)	Due to Herorula exterior
10. Usual occupation	Due to. Browny Ollerose
12. Name Prilary 7 Hilliam  13. Birthplace	Other conditions
14. Malden name Chrisa Hendricks 15. Birthplace	(Include pregnancy within 8 months of death)  Major fiediogs of operations.
16. Informant Clifford W William	Acjopsy results 2000 Q
Address Carmberland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
Oate thereof (mortin) (day) (year)  Cemetery or crematory	Accident, suicide, or homicide
Location Limitud.	Where did Injury occur?
18. Funeral director. Atmis Allin Inc.	Mssns of Injury Injured at work?
19. Out registrar 19. 47. Weiter R. Frank M. of Other registrar	Address Comberland Date signed 8 8 4

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist No.

	Aug. Dist. 10.
1. PLACE OF DEATH: Ollegacy	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
->= +11 - 1	State Maryland County allegany
(If outside bity or town limits, write R MRAL and give nearest town)  How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. W. Maike
W. Maw Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME ana may Wilso	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	2D. DATE OF DEATH
6.(b) Name of husband or wife Calvin Wilson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1. Birth date of deceased (mo., day, yr.) Luley 20 1877	Immediate canac of death DURATION
8. AGE: Years   Months   Days   If less than one day	Immedian canase of death bemushand
70 /hrsmi	Rt Semidlegia / 1207
9. Birthplace Marylan State) Marylan Mongan	Due to.
10. Usual occupation Rousewife	
11, industry or business	Due to
	Dither conditions Taxonalel - Cause 2004
13. Birthplace & Maryland	not deterpined, patient died as result of cerebral
14. Malden name Louise Changy	Leman landing pregnancy within 3 months of deathly make, aus
14. Malden name Louise Thaney  15. Birthplace  Maryand	Major Budings of operations natiguating are region of common cuted and favore for the state of t
18. Informant Gerone Wilson	Autopsy resnits
Agess Trostburg Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Serial Date thereo Niet 3 194	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Burial, cremation, or removal Which?) (day) (year)	Where did Injury occur?
Cemetery or crematify At Co.	(City or town) (County) (State)
Location OP Our of	Means of Injury Injured at work?
18. Funeral director	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Address Classification Address	23. SIGNATURE M. D. or other M.
19. (Dite rec'd by registrar) 1942 Mus Malley N. Registra	Address Frost being my Date sign depot 2194

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NFADING INK. Supply every item of information carefully. The correct age nt. Physicians: please write the causes of death clearly and legibly.

WRITE

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DR. W. F. WILLIAMS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICA	IE OF DEATH Reg. Dist. No.
How long in above place of death? Hospital, institution, or street address	HOSPITAL	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
MR. C	HARLES W. WOLFORD	2/3-/2-986
4. Sex 5. Color or ra MALE WHIT		MEDICAL CERTIFICATION  2D. DATE DF DEATH. AUGUST 19 19 47 216:00 1
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months 40  9. Birthplace	6.(c) If alive, give age 32 years  BRUARY 24, 1907  Days   If less than one day 25   hrs. min.  Rawlings  Town, county, and state)	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.  and that I last say be alive on
16. Informant MEMORI	AEL MALONE Virginia CAL HOSPITAL RLAND, MARYLAND	(Include pregnancy within 3 months of dath)  Major findings of operations.  Date of op.  Antopay results  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal.) Cemetery or crematory Malo Location Fort Ashby 18. Funeral director H. Way	Date thereof Aug. 21, 1947 Which?) One Cem. Rd. Near Cumberland, one George	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Address Cumberlar  19. Aug. 19. (Date rec'd by registrar)	11-+ n+ 12	23. SIGNATURE  M. D. or other  Address.  Date signed

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